Southern California Practitioner

VOLUME XXXIII

Founded in 1885 by Walter Lindley

1414 SOUTH HOPE ST.
LOS ANGELES, CALIFORNIA
1918

INDEX TO VOL. XXXIII

1918

TITLES OF ORIGINAL ARTICLES

EDITORIALS

GENERAL INDEX

SOUTHERN CALIFORNIA PRACTITIONER.

Vol. XXXIII. LOS ANGELES, JANUARY, 1918 No. 1

APPENDICITIS; SOME POINTS IN MODERN DIAGNOSIS.

BY GEORGE E. MALSBARY, M.D., LOS ANGELES,

Roentgenologist, California Hospital, Los Angeles; Formerly Instructor in the Practice of Medicines, Medical Department of the University of California; Formerly Secretary and Chief Clinician of the Los Angeles Society for the Study and Prevention of Tuberculosis; Formerly Assistant to the Chair of Practice, Medical College of Ohio, Medical Department of the University of Cincinnati; Formerly Assistant to the Lectureship of Clinical Medicine, Good Samaritan Hospital, Cincinnati; Formerly Professor of Medicine, Cincinnati Polyclinic and Post-Graduate School; Author of Practice of Medicine, and monographs on "Diagnosis of Syphilis," "Treatment of Tuberculosis," "The Rheumatisms."

Usually the diagnosis of acute appendicitis is easy. In the majority of cases the diagnosis can be readily made by the acute abdominal pain, tenderness in the region of McBurney's point, and localized muscular rigidity. There may be constipation or diarrhoea. The above symptoms with nausea and vomiting, fever and acceleration of the pulse rate, and especially the presence of a tumor in the right iliac fossa, amply suffice to make the diagnosis. That the diagnosis is not always easy is attested by the failure of acute diagnositicians to recognize appendicitis in some cases, and possibly more rarely by the removal of healthy appendices by eminent surgeons. While preparing this article, a distinguished physician of this city related a case that had just come under his observation, in which the acute colic, tenderness at McBurney's point, localized muscular rigidity, nausea and vomiting, fever and increased pulse rate, were due to abortion in a girl of fifteen years. In that case the physician came near making a false diagnosis of acute appendicitis in what he at first believed to be a menstruating girl.

Leucocytosis is usually present in acute appendicitis, but is no longer relied upon to determine the extent of the lesion nor as an index of the necessity of immediate operation. A low leucocyte count in the presence of grave symptoms and evidences of pertitonitis should be looked upon as a danger signal. A high percentage of polyrmorphonuclears is not of such evil omen so long as the absolute number of white cells is correspondingly high. We should bear in mind that the leucocyte count depends upon the resistance of the individual to the infection, and should not be taken as an index of the amount of destruction of tissue.

Chronic Appendicitis.

The frequency and importance of chronic appendicitis is becoming more and more generally recognized. The symptoms vary within wide limits, so that the cases often pass unrecognized for a long time, chiefly because the disease of the appendix is not suspected. In a large class of these cases there is appendiceal retention, readily recognized roentgenologically through the retention of the opaque meal for a number of days, the appendix thus remaining outlined after the rest of the intestine is free from the meal. The appendix that retains its contents for a number of days, is a serious menace to the patient; it is a veritable test-tube in vivo, affording ample opportunity for the growth of bacteria from the rich and varied flora of the cecum, Among the kaliedoscopic symptoms of chronic appendicitis, our suspicion of appendiceal retention is most likely to be aroused by the recognition of so-called toxic symptoms, especially headache, malaise, nervousness, a tendency to that melancholic state known as "the blues," often with moroseness and nervous irritability. The roentgenologist will find the remnant of meal retained in the appendix for a number of days, and palpation of the appendix under the roentgenoscope elicits more or less tenderness. The tenderness thus elicited is one of the most important evidences of disease of the appendix.

The following recently expressed opinions are to the point:

James T. Case M.D.: "Barium in the appendix is an abnormal phenomenon. It by no means indicates surgery. If, by accurate palpation of the barium-filled appendix, we are able to determine adhesions, kinking, irregularities of the lumen, poor drainage (two or three days or longer) then we have surgical indications. The poorer the drainage, the greater the danger.

"Inability to demonstrate the appendix by means of the roentgen rays depends upon: First, obstruction of the lumen by an obliterating appendicitis, by turgescence of the tissues attending a recent inflammation, or kinking or adhesions near the base of the appendix. Second, the appendix may fill, but lie so definitely retrocecal, closely adherent to the cecum, that it cannot be seen. Also great local tenderness or rigidity of the abdominal walls may prevent accurate manipulation. Nevertheless, when the appendix remains filled longer than the cecum, we can demonstrate it. Third, failure to use the fluoroscope. Not once in 50 times is the appendix seen in the ordinary roentgenogram. Not even simple fluoroscopic observation will suffice. One must manipulate with the hands or with the wooden spoon or both. In acute appendicitis, manipulation is unwise, but a barium enema will often identify tenderness on pressure as being over the appendix. I have discovered several cases of left-sided appendicitis in this manner. As to the roentgen signs of appendicitis: (a) In acute appendicitis no signs are needed, except the barium enema, as above noted. (b) The roentgen signs of a chronic condition are: (1) Poor drainage; (2) localized tenderness on accurate palpation done under fluorescent screen guidance; (3) kinking; (4) irregularities in the lumen so that the appendix is bulbous at the tip, and especially poor drainage at the tip; (5) associated adhesions to the cecum and terminal ileum; (6) unduly long or unduly large appendix. All these signs need not be present. The diagnosis should not be based upon roentgen findings alone."

G. E. Pfahler, M. D.: "Barium retained in the appendix after the bowel is entirely empty probably indicates a relaxed or inflamed appendix. Inability to demonstrate the appendix by means of the roentgen rays may mean

that the appendix is obliterated or that it is filed with some other material and will not permit the barium to enter it. The roentgen signs of appendicitis are localized tenderness over the appendix, fixation, angulation, constrictions, local dilatations, adhesions about the cecum, incompetent ileocecal valve and undue retention."

Much depends upon the technic, as to whether we will be able to often show the appendix on the x-ray plate. Thus, the cereal mixtures of barium and bismuth do not so readily enter the appendix as does the buttermilk mixture. This probably explains in great measure the discrepancies in the statements of various roentgenographers as to the frequency with which the appendix may be demonstrated by them.

The following is from George and Leonard: "Chronic appendicitis may be shown by: (1) Absence of the appendix shadow; (2) abnormal conditions of position, shape and size of the lumen; (3) concretions; (4) tender-point; (5) adhesions. To repeat, every normal appendix will show on the plate. Without history of appendotomy, an absence of the appendix shadow means either that its lumen has at least been partially obliterated by old inflammation, or is obstructed by a possible kink, or it may be so filled with mucus or concretions that the bismuth cannot enter."

In the X-ray Department of the California Hospital, we have come to view with suspicion all cases in which we are unable to demonstrate the appendix with the x-ray. And we regard as pathologic the cases in which the barium mixture remains in the appendix longer than three days. In the diagnosis of chronic appendicitis, we have been impressed with the importance of finding tenderness of the barium-filled appendix under the roentgenoscope. This modern form of palpation is much more accurate than the old method of feeling for tenderness at McBurney's point, for the appendix does not always lie at that point.

The Journal of the A. M. A., says: The University of Minnesota Unit, Base Hospital No. 26, is mobilizing on the university campus under orders from the War Department, and will soon be ready to entrain for Fort McPherson, Ga., when the date for departure is definitely settled. Advance notice had been received asking the unit to be ready for mobilization, and the order to mobilize found the hospital fully equipped and prepared with the quarters for the men ready when they were told to report. This unit is a combination of the University of Minnesota and the Mayo Clinic. The commissioned officers include Majors Arthur A. Law, director and chief surgeon of the university, and S. Marx White, chief of medicine; Capts. E. C. Moore, Los Angeles; Robert D. Mussey, Carl Fisher, opthalmology and otolarynology of the Mayo Clinic, and John Bentler, quartermaster; Charles A. Reed, orthopedics, Angus Morrison, neurologist; Gilbert J. Thomas, urologist; Harry B. Zimmerman and John Staley of the university; Lieuts. Alexander B. Moore, roentgenologist; W. W. Bissell, chief of laboratory; David M. Berkman, James M. Hayes, Fred Rankin and Thaddeus L. Sclapka of the Mayo Clinic, and Moses Barron, Archibald Beard, O. M. Klingen, Thomas Snodgrass, Gordon M. Clark and Taylor B. Smith of the university.

Dr. Wayland A. Morrison, Captain of the Medical Reserve Corps of the U. S. Army, and Miss Lucille P. Phillips, of Los Angeles, were married at noon December 27th, 1917, in New York City, at the Church of the Transfiguration. The bride returned to Vassar College where she is president of the Student Body and will remain there until her graduation in June.

SOUTHERN CALIFORNIA PRACTITIONER.

A MEDICAL, CLIMATOLOGICAL AND SOCIOLOGICAL MONTHLY MAGAZINE.

This journal endeavors to mirror the progress of the profession of California and Arizona.

Established in 1886 by Walter Lindley, M.D., LL.D.

DR. GEORGE E. MALSBARY, Editor and Publisher.

Associate Editors,

Dr. Walter Lindley, Dr. W. W. Watkins, Dr. Ross Moore, Dr. George L. Cole, Dr. Cecil E. Reynolds, Dr. William A. Edwards, Dr. Andrew W. Morton, Dr. H. D'Arcy Power, Dr. B. J. O'Neill, Dr. C. G. Stivers, Dr. Boardman Reed, Dr. W. H. Dudley, Dr. J. M. Mathews.

Address all communications and manuscripts to EDITOR SOUTHERN CALIFORNIA PRACTITIONER,

Subscription Price, per annum, $2.00. 1414 South Hope Street, Los Angeles, Cal.

EDITORIAL

LOCATIONS FOR PRACTICE

We are glad to do our bit in helping professional brethren find suitable locations for practice, and in helping to fill vacancies with suitable men. If you know of locations for physicians, or if for any reason you desire to change your location, we will appreciate being taken into your confidence in the matter. Our attention has recently been called to two good opportunities for competent Ophthalmologists. We are often consulted by physicians seeking locations. Just now we have the name of a physician who has been engaged in general work for twenty years and has been with a large mining company for a number of years. Fire necessitated closing the mine for a time, so that an opportunity now exists for some good company to secure the services of a first class physician.

EVERY DOCTOR IN THE MEDICAL RESERVE CORPS.

What an ideal situation it would be, if every doctor in the United States who is mentally, physically and morally fit, was in this Corps.

The time is coming, and in the immediate future, when the Medical Reserve Corps of the Army must be immensely augmented, and so as to enable the Surgeon General to have at his command for immediate assignment, as conditions demand, a sufficient number of trained medical officers, let us take the above thought seriously.

We all know, from past history, the conserving value of an efficient medical corps, and this means number, as well as training.

A statement made by one high in authority in the Surgeon General's office, "that our fighting forces would be decimated by sickness and casualties in six months, were it not for an efficient Army Medical Corps," clearly emphasizes the importance of every doctor in the United States, meeting the requirements above referred to, accepting a commission in the Medical Reserve Corps of the United States Army.

The struggle in which we are now

engaged, and for which we are preparing to take such a prominent part, depends for its success as much upon the medical profession, as it does upon our combatant forces, and while we do not know that any such intention as herein suggested is in the mind of the Surgeon General, it would at least give him the necessary Corps of medical officers upon which to draw, and thus serve the best interests of our country, and the best interests of the medical officer serving.

THE VALUE OF TYPHOID VACCINATION.

The following conclusions are reached by Major Russell, in an article in the Journal of the American Medical Association.

(1) That the inoculations are harmless in healthy persons is now well established. In our own cases not a single ill effect has been discovered among the 3644 inoculated, over 1400 of whom have been under observation by our assistant physicians for a period of four years, many having received two inoculations.

(2) That it confers almost absolute immunity against infection. Our typhoid rate has been reduced from 1 to 2 per cent to nothing.

(3) That the duration of immunity is not yet determined, but is assuredly two and one-half years, and probably longer. Immunity has lasted among those innoculated in 1911 and who were not re-inoculated for at least four years.

(4) That only in exceptional instances does its administration cause any appreciable degree of personal discomfort. None of our patients suffered any inconvenience.

(5) That it apparently protects against a chronic bacillus carrier and is at present the only known means by which a person can be protected against typhoid under all conditions. Previously all known precautions had been tried, but still a few cases developed each fall.

(6) That all persons whose professions or duties involve contact with the sick should be immunized. It is a well established fact, that attendants and nurses are more liable to typhoid infection than those engaged in other occupations—eight times as liable, according to the statistics of the Massachusetts General Hospital.

(7) That the general vaccination of the entire community is feasible and could be done without interfering with the great sanitary improvements, and should be done where the typhoid rate is high.

HOW ABOUT YOUR INCOME?

You won't have to figure out your own income tax all by yourself hereafter. The government is going to send out men to help you. It will be up to you to hunt up these men, who will be sent into every county seat town, and some other towns besides, to meet the people. Postmasters, bankers and newspapers will be able to tell you when the government's income tax man will be around, and where to find him. He will answer your questions, swear you to the return, take your money, and remove the wrinkles from your brow. Returns of income for 1917 must be made between January 1 and March 1, 1918.

"The Government recognizes," Collector of Internal Revenue Carter said today, "that many persons experience a good deal of difficulty in filling out income tax forms. It recognizes too, that taxpayers resident at points where collectors' offices are not easily accessible find it hard to get proper instruction in the law. Next year, when every married person living with wife or husband and having a net income of $2,000, and every unmarried person

having a net income of $1,000 for the year 1917 must make return of income on the form prescribed, there will be hundreds in every community seeking light on the law, and help in executing their returns. My own and every other collection district in the nation will be divided into districts, with the county as the unit, and a government officer, informed in the income tax assigned to each district. He will spend hardly less than a week in each county, and in some counties a longer time, very likely in the courthouse at the county-seat town. In cities where there are collector's branch offices, he will be there, and in other cities possibly at the city hall. My office will in due time advise postmasters and bankers and send out notices to the newspapers stating when the officer will be in each county. It will be unnecessary for prospective taxpayers to ask my office for forms on which to make returns. The officer who visits their county will have them.

"It may be stated as a matter of general information that 'net income' is the remainder after subtracting expenses from gross income. Personal, family, or living expense is not expense in the meaning of the law, the exemption being allowed to cover such expenses.

"The new exemptions of $1,000 and $2,000 will add tens of thousands to the number of income taxpayers in this district, inasmuch as practically every farmer, merchant, tradesman, professional man and salary worker and a great many wage workers will be required to make return and pay tax.

"The law makes it the duty of the taxpayer to seek out the collector. Many people assume that if an income tax form is not sent, or a government officer does not call, they are relieved from making report. This is decidedly in error. It is the other way round. The taxpayer has to go to the government and if he doesn't within the time prescribed, he is a violator of the law, and the government will go to him with its penalties."

EDITORIAL NOTES

Dr. H. A. Putnam of Englewood has located in Banning.

Dr. Robert Doods of Chicago, has removed to Escondido, California.

Health Commissioner, L. M. Powers, has appointed A. R. Rogers assistant Commissioner.

Dr. J. M. Crenshaw of Blythe, died on December 23rd. The interment took place in Redlands.

Dr. F. Gramenz, a graduate of the University of Minnesota, class of 1900, is located in San Pedro.

At a recent meeting of the San Bernardino County Medical Society Dr. J. K. Swindt, of Pomona, read a paper on surgical treatment of Carcinoma of the stomach.

Dr. Chas. G. Foot of Long Beach has been obliged to give up his practice owing to a nervous break-down.

Tulare, Kern and Kings Counties have united to erect a Tuberculosis Sanatorium at a cost of $40,000.

There is a general movement among women physicians to secure recognition of the woman doctor in war service.

Dr. A. D. S. M'Coy of Pasadena has received his commission as first Lieut. in the Medical Reserve Corps of the Army.

Dr. C. Van Zwallenburg and Dr. Paul Simonds of Riverside, have been appointed members of the District Medical Board, both for that section of the state.

Dr. A. C. Kingsley, has been appointed Superintendent of the State Hospital for the Insane, at Phoenix, Arizona.

Dr. Harriet G. Probasco is no longer in charge of the Juvenile Hall Hospital. Dr. Muriel Case succeeded Dr. Probasco.

Dr. Harold Sidebotham of Santa Barbara has been assigned to the direction of laboratory of the San Francisco Base Hospital unit.

A physician with experience and the best of references is loooking for a position with some first class company. Address this office.

Dr. Lyle G. McNeile, assistant Health Commissioner of Los Angeles, has been assigned to attend all indigent maternity cases in San Pedro.

Capt. Byron P. Stookey, the Los Angeles surgeon has been ordered to appear in the city of Washington immediately for assigument.

Dr. Charlotte De Monte, a graduate of the University of Palermo, Italy, and also of the University of Pennsylvania, is located in Los Angeles.

Dr. O. G. Wicherski has been appointed County Physician of San Diego County, at a salary of Two Hundred and Fifty Dollars ($250.00) per month.

The German patents for the manufacture of Salvarsan have been removed and three firms in New York and Philadelphia have been authorized to manufacture it.

Dr. R. S. Lanterman who has been under-going a trial on the charge of murdering Mrs. F. Evans by performing an illegal operation, was found not guilty by the jury.

Dr. Elizabeth Kearney, one of the foremost physicians of Los Angeles, who has been seriously ill at her home, 2109 Estrella Ave., was reported much better at last account.

Dr. Charles W. Anderson is in great demand by Clubs, patriotic organizations and medical societies. His address in regard to his experiences in France are very interesting.

Dr. G. R. Owen and Dr. Thomas McHugh of San Bernardino, have been commissioned as captains in the Base Hospital Unit Number 35, that is being organized in Los Angeles.

Dr. William Mulvenhill has been appointed chief Resident Medical physician at the Los Angeles County Hospital. He succeeds Dr. P. K. Tedford who is a Lieutenant in the Army.

Dr. Dudley Fulton has been appointed chief of the Medical Dept., at Camp Lewis, American Lake, Wash. Dr. Fulton will have the rank of Major and will remain at his post indefinitely.

Dr. H. W. Mills, has received a commission in the medical Corps of the Army, and Dr. P. M. Savage has succeeded him in the management of the Ramona Hospital of San Bernardino.

The State Board of Health requires that drinking cups and glasses used in restaurants and Soda Fountains and other places, must be washed five minutes in boiling water containing a 5% solution of lye.

Dr. John P. Gilmer, chief surgeon of the receiving hospital of Los Angeles, has been asked by the United States Board of Medicine and Surgery for the Navy, to accept appointment as an assistant Surgeon in the Navy.

Dr. Lulu Peters in a recent address said impure milk and its products are responsible for more sickness and death than all other foods combined. Dr. Peters is chairman of Public Health in the Los Angeles district of Federal Clubs.

Dr. C. H. Lowell who has for some years been Medical Representative of the Navy at the Los Angeles Naval Recruiting Station, has a leave of

absence, and will for some time be located on the receiving ship at Mare Island.

Dr. L. H. Jackson of Imperial suffered serious injury in his right hand, by the accidental discharge of his shot gun on the morning of November 9th, while duck hunting. The entire charge of shot went through the palm of the right hand.

Los Angeles is arranging for the inspection of women of questionable character and their treatment when they have venereal diseases by women physicians. This is certainly a wise step and it is particularly fitting that women physicians do this work.

The Long Beach Branch of Los Angeles County Medical Association, had as their principal speaker at their last meeting, Dr. C. C. Browning. The annual election of officers resulted in the unanimous choice for president of Dr. F. L. Rogers, and Dr. J. Scott for Secretary.

Dr. Harriet G. Probasco appeared before the Board of Supervisors of Los Angeles County and charged she had been discharged as physician in charge of the hospital at Juvenile Hall by Norman R. Martin, superintendent of the County Board of Charities, without cause. The board took the matter under advisement.

Governor Stephens has appointed as members of the Medical Advisory Board, the following from Los Angeles County: E. T. Dillon, H. G. Brainerd Granville MacGowan and Albert Soiland. Dr. Sherk of Pasadena says the purpose of the Medical Advisory Board, is to supplement the work of the local doctors who make the initial examination after the Exemption Board has served the required notice.

At the meeting of the Southern California Medical Society, held recently in Los Angeles, Dr. E. W. Burk of Redlands was chosen as President, Dr. Kelly of Pomona, first Vice-President, Dr. Van Swallenburg, second Vice-President and Dr. Siegler, Secretary-Treasurer. The meeting was one of the most successful ever held, and the banquet at the Alexandria Hotel, presided over by W. T. McArthur was delightful.

Dr. Joseph Cook of Redlands, who has been doing work in Teheran, Persia, as a medical missionary, has received a commission from the War Department making him Captain in the Medical Corps of the United States Army. Doctor Cook has spent several years in Persia, and says, "that after the war is over I expect to return to Persia and spend the rest of my life there, for I feel there is no greater need anywhere in the world."

Dr. Lulu Peters, chairman of Public Health of the California Federation of Women's Clubs, has reduced her weight 10 pounds in two weeks. To reduce the Doctor advises for breakfast: 1 slice of very dry toast, ¼ cube of butter, and ½ teaspoonful of sugar in your coffee. For lunch: Tomato Salad, toasted bread, ¼ cube of butter and baked apple with no sugar. For dinner: Clear soup, lean fish, lettuce salad, tunips, one slice bread and ½ slice cake.

Dr. William A. Weldon, the pioneer physician of San Pedro has been obliged to relinquish his practice on account of his health. It also makes a vacancy in the position of Government Quarantine office in the Los Angeles Harbor. Dr. and Mrs. Weldon will first go to the mountains and then to the Rex Arms Apts., at Geary and Fulton Streets, San Francisco. He has practiced medicine in San Pedro for 32 years, and may return, should he recover from the throat trouble with which he is afflicted.

In the trial of Dr. R. S. Lanterman, charged with murder and abortion, the

judge allowed the admission of the dying statement of Mrs. F. Evans to her brother, Morris Greenburg to go before the jury. The alleged dying declaration was made March 28. Mr. Greenburg testified he said to his sister: "Reggie, dear, I might as well tell you the truth. I have found out from the head nurse that you can't live. She said, 'I known I am dying.' I said, 'I want you to tell me the truth. I want to know whether Dr. Lanterman is the one that performed the abortion.' She said, 'Yes, Morris, dear, Dr. Lanterman did.' "

On November 1st, The Clinical Association of American peroral Endoscopists was organized in Philadelphia. The purpose of this new society is, in the words of its Constitution: "The study of diseases and accidents occuring in the respiratory and digestive tracts, of borderline conditions and their treatment, medical and surgical, by direct inspection."

This Association aims to impress on the internist and general practitioner the value of bronchoscopy and esophagoscopy as diagnostic methods of precision, so to make possible the accurate ocular study, in the living subject, of pathological conditions of the esophagus and lungs. The officers of the Association are: President, Chevalier Jackson, Philadelphia: Vice-President, Hubert Arrowsmith, Brooklyn; Secretary-Treasurer, Henry L. Lynah, New York; Members of the Executive Committee, Wolff Freudenthal, New York and Samual Iglauer, Cincinnati.

At the annual election of officers of the Los Angeles County Medical Association, the result was as follows: For President—Dr. Wm. Duffield (332); Dr. Albert Soiland (175); For Vice-President—Dr. Wm. H. Kiger (349); Dr. C. E. Phillips (149); For Secretary-Treasurer—Dr. George H. Kress (269); Dr. A. J. Scott, Jr. (236); For Councilors-at-Large—Dr. Dudley Fulton (309); Dr. F. C. E. Mattison (288); Dr. George L. Cole (280); Dr. Wm. R. Molony (212); Dr. Harlan Shoemaker (203) and Dr. H. E. Southworth (186). The following new members were elected on December 19th: Dr. Frank A. Edwards, 1020 Merchants National Bank Bldg., L. A. Dr. Wm. W. Hutchison, 301 I. W. Hellman Bldg., Los Angeles. Dr. Frederick A. Bonthius, 6778 Hollywood Blvd., Hollywood. Dr. Charles H. Rodi, 990 Atchison Street, Pasadena. Dr. Etta C. Jeancon, 1035 W. 7th St., Los Angeles. Dr. D. L. Humfreville, 436 Security Bldg., Los Angeles. Dr. Arthur M. Rogers, 727 W. Vernon Ave., Los Angeles.

BOOK REVIEWS

NEUROSYPHILIS. Modern Systematic Diagnosis and Treatment Presented in One Hundred and Thirty-seven Case Histories. By E. E. SOUTHARD, M.D., Sc.D., Bullard Professor of Neuropathology, Harvard Medical School; Pathologist, Massachusetts Commission on Mental Diseases; Director, Psychopathic Department, Boston State Hospital; Vice-President American Medico-Psychological Association and H. C. SOLOMON, M.D., Instructor in Neuropathology and in Psychiatry, Harvard Medical School; Special Investigator in Brain Syphilis, Massachusetts Commission on Mental Diseases; Acting Chief-of-Staff, Psychopathic Department, Boston State Hospital. With an introduction by JAMES JACKSON PUTNAM, M.D., Professor Emeritus of Diseases of the Nervous System, Harvard Medical School. By vote of the Boston State Hospital. Monograph Number Two of the Psychopathic Hospital, Boston. Boston: W. M. Leonard, Publisher. 1917.

Monograph Number One, A Point Scale for Measuring Mental Ability, by Robert M. Yerkes, James M. Bridges and Rose S. Hardwick, was published by Warwick and York, Baltimore, in 1915.

This is a worthy member of the Case History Series, of special interest to

the general practitioner, the syphilographer, the neurologist and the psychiatrist. The cases described range from mild single-symptom diseases like extraocular palsy up to genuine magazines of symptoms as in general paresis; from feeble-mindedness, apparently simple, up to apparently simple dotage; both feeble-mindedness and dotage really syphilitic; from the mind-clear tabetic to the maniacal or deluded subject who looks physically fit; from the early secondaries to the late tertiaries or so-called quarternaries; from peractue to the most chronic of known conditions; from the most delicate character changes to the profoundest ruin of the psyche. Some of the results give rise to greater optimism than has prevailed in asylum circles, especially re general paresis. No one can now make a positive differential diagnosis between the paretic and the diffuse non-paretic forms of neurosyphilis in many phases of either disease, even with all laboratory refinements. This being so, it is improper not to give the full benefits of modern treatment to all cases in which the diagnosis remains doubtful between the paretic and the diffuse non-paretic forms of neurosyphilis.

INFANTILE PARALYSIS. TREATMENT. By ROBERT W. LOVETT, M.D., Boston, John P. and Buckminster Brown, Professor of Orthopedic Surgery, Harvard Medical School. Second edition, revised and enlarged, with 123 illustrations. Philadelphia: Blakiston's Son & Co., 1012 Walnut Street. $1.75 net.

Since the first edition of this book was issued a year ago, there has occured in the United States an epidemic of infantile paralysis of unprecedented violence and severity. The great number of cases reported—some 27,000—have not only made vitally important the need of a clear understanding of modern treatment, but have afforded opportunities for study that has added materially to our knowledge of the disease. This is a timely second edition of an important monograph.

A PRACTICAL DIETARY COMPUTER. By Amy Elizabeth Pope, Formerly Instructor in the School of Nursing, Presbyterian Hospital; Instructor in the School of Nursing, St. Luke's Hospital, San Francisco. Published by G. P. Putnam's Sons, New York and London, The Knickerbocker Press. 1917. Price $1.25.

This Computer has been prepared for nurses and others whose knowledge of dietetics is not very extensive. The tables are practicable and easy to use. It is a pleasure to recommend this practical work.

PRACTICAL MEDICINE SERIES, comprising ten volumes on the year's progress in Medicine and Surgery. Under the general editorial charge of CHARLES L. MIX, M.D., Professor of Physical Diagnosis in the Northwestern Medical School.

OBSTETRICS, Volume VII of the Series, Edited by JOSEPH B. DE LEE, A.M., M.D., Professor of Obstetrics in the Northwestern Medical School, with the collaboration of EUGENE CARY, B.S., M.D., Assistant Gynecologist, St. Luke's Hospital.

PHARMACOLOGY AND THERAPEUTICS (Volume VIII of the Series). Edited by BERNARD FANTUS, M.S., M.D., Associate Professor of Medicine, Subdepartment of Therapeutics, Rush Medical College.

PREVENTIVE MEDICINE. Edited by WM. A. EVANS, M.S., M.D., LL.D., Ph.D., Professor of Preventive Medicine, Northwestern University Medical School.

These volumes are of the Series of 1917. Chicago: The Year Book Publishers, 608 S. Dearborn Street. The price of the set, covering the entire field of medicine, is $10.00. The Volume on Obstetrics is $1.35, the one on Therapeutics $1.50.

Possibly unfortunately, Pharmacology has, to a great extent, become veterinary pharmacodynamics; that is, the study of the action of chemicals upon lower animals carried on by non-medical laboratory men without practical clinical training or interest; and most of this work is without practical results, though, no doubt, there is many a golden nugget for the medical practitioner to be dug out of this mine of

theoretic knowledge. The reports of clinical results by medical practitioners, on the other hand, are only too frequently devoid of the scientific critical spirit, which alone should entitle them to consideration.

Therapeutics has of late been losing ground in the curriculum of medical schools. Thus, Johns Hopkins has abolished the course in therapeutics. The reason given is that most that is taught under the heading of therapeutics is essentially practice of medicine and is also taught—and better—by the teachers of medicine and the specialties.

THE MEDICAL RECORD VISITING LIST or Physicians' Diary for 1918. Revised. New York: William Wood & Company, Medical Publishers. This comes in a great variety of styles, ranging in price from $1.50 to $4.00. The regular list for 60 patients a week, dated, in morocco binding, sells for $1.75 and is very satisfactory.

THE PHYSICIAN'S VISITING LIST (Lindsay and Blakiston's) for 1918. Sixty-seventh year of its publication. Philadelphia: P. Blakiston's Son & Co. (Successors to Lindsay & Blakiston), 1012 Walnut Street. In a variety of styles at prices from $1.00 to $2.50. The regular edition for 25 patients per week, sells for $1.25.

If you have not already done so, get the "Visiting List" habit. Besides the convenience, it pays to carry one.

INTERNATIONAL CLINICS. Edited by H. R. M. Landis of Philadelphia. Volume IV, Twenty-seventh Series, 1917. Philadelphia and London: J. B. Lippincott Company.

This quarterly of illustrated clinical lectures and especially prepared original articles, occupies a well recognized position among standard medical publications. It is a credit to American medicine. This issue is especially rich in Clinics, and throughout Military Medicine and Surgery are notably prominent.

MISCELLANEOUS

NAVY'S CALL FOR BINOCULARS, SPY-GLASSES AND TELESCOPES:— "THE EYES OF THE NAVY."

The Navy is still in urgent need of binoculars, spy-glasses and telescopes. The use of the submarine has so changed naval warfare that more "EYES" are needed on every ship, in order that a constant and efficient lookout may be maintained. Sextants and chronometers are also urgently required.

Heretofore, the United States has been obliged to rely almost entirely upon foreign countries for its supply of such articles. These channels of supply are now closed, and as no stock is on hand in this country to meet the present emergency, it has become necessary to appeal to the patriotism of private owners, to furnish "EYES FOR THE NAVY."

Several weeks ago, an appeal was made through the daily press, resulting in the receipt of over 3,000 glasses of various kinds, the great majority of which has proven satisfactory for naval use. **This number, however, is wholly insufficient, and the Navy needs many thousands more.**

May I, therefore, ask your cooperation with the Navy, to impress upon your subscribers, either editorially, pictorially or in display, by announceing, in addition to the above general statement, the following salient features in connection with the Navy's call:

All articles should be securely tagged giving the name and address of the donor, and forwarded by mail or express to the Honorable Franklin D. Roosevelt, Assistant Secretary of the Navy, care of Naval Observatory, Washington, D. C., so that they may be acknowledged by him.

Articles not suitable for naval use will be returned to the sender. Those

accepted will be keyed, so that the name and address of the donor, will be permanently recorded at the Navy Department, and every effort will be made to return them, with added historic interest, at the termination of the war. It is, of course, impossible to guarantee them against damage or loss.

As the Government cannot, under the law, accept services or material without making some payment therefor, one dollar will be paid for each article accepted, which sum will constitute the rental price, or, in the event of loss, the purchase price, of such article.

Toward the end of January, it is proposed to distribute throughout the country, posters making an appeal to fill this want of the Navy.

As this is a matter which depends entirely for its success upon publicity, I very much hope that you will feel inclined to help the Navy at this time by assisting in any way that lies within your power.

Very sincerely yours,
(Signed) Franklin D. Roosevelt,
Assistant Secretary of the Navy.

COLD-PACK CANNING AND BOTULISM.

The United States Department of Agriculture authorizes the following statement:

Botulism, often called sausage poisoning, is a specific intoxication brought about by **Bacillus botulinus**, an organism isolated by Van Ermengen from insufficiently cooked sausages which had caused a severe outbreak of food poisoning in Belgium in 1895. The symptoms (nausea, gastric pains, visual disturbances, muscular weakness, etc.) are caused by a definite toxin or poison produced by the **Bacillus botulinus** outside of the body.

The **Bacillus botulinus** is an anaerobic organism—that is, it grows in the absence of air. It grows readily at 20 to 25 degrees centigrade, but only sparingly at 37 degrees centigrade, the temperature of the body, and there is no conclusive evidence that it produces its toxin to any extent in the digestive tract of animals. **Bacillus botulinus** does grow readily and produces its toxin in protein foods such as meat or fish products. Some investigators state that it also produces its toxin readily in protein-containing vegetables like peas, beans and corn. When growing these foods, the organism produces a very powerful poison which produces the symptoms mentioned above, or even death, when eaten in extremely small amounts. Fortunately, cases of botulism are not common in this country.

The **Bacillus botulinus** is a spore-forming organism, but both the organism and its spores are not very resistant to heat, the spores being killed by heating to 80 degrees centigrade for one hour. The toxin which the organism produces is also destroyed by boiling. Thorough cooking at the boiling temperature is therefore all that is necessary to kill the organism and destroy its toxin in the food, and cases of botulism are due to the eating of food which has been infected with the organism and not been sufficiently cooked. Sausages, which might become infected with this organism, present ideal conditions for its growth, and have been a frequent cause of botulism. From this fact the name of the disease is derived. Infected meat products and, in a few instances, canned vegetables and fruits have been given as causes of botulism.

Recently Dr. Dickson, of San Francisco has reported* a study of eleven outbreaks of food poisoning, occurring during the past eighteen years in California, which he attributes to eating canned vegetables and fruits. In these cases no definite information is available as to the methods used in canning the vegetables, but it is reason-

*Journal American Medical Association, v. 69 (1917), No. 12, pp. 966-968.

able to assume that the contamination of the goods might have been brought about by the selection of food of poor quality for canning, by lack of cleanliness in packing the products, by the neglect of some essential steps in the process, or by failure of the heat to penetrate to all parts of the can in sterilization.

There is no danger that the type of food poisoning known as "Botulism" will result from eating fruits or vegetables which have been canned by any of the methods recommended by the United States Department of Agriculture, providing that such directions have been followed carefully, and that no canned goods are eaten which show signs of spoilage. In case of any doubt as to whether the contents of a particular can have spoiled it should be thrown away. If fed to chickens or other animals it should be boiled. No canned food of any kind which shows signs of spoilage should ever be eaten. In the cold-pack method of canning given out by the Department of Agriculture, only fresh vegetables are recommended for canning and sterilization is accomplished by the following processes: Cleansing, blanching, cold-dipping, packing in clean, hot jars, adding boiling water, sealing immediately, and then sterilizing sealed jars at a minimum temperature of 212 degrees Fahrenheit for one to four hours, according to the character of the material. Since the spores of **Bacillus botulinus** are killed by heating for one hour at 175 degrees Fahrenheit* there is no reason to believe that the **botulinus** organism will survive such treatment.

The **Bacillus botulinus** has been found in the digestive tracts of some animals, especially the pig and the fowl, probably occurring there in the same manner as does the organism of tetanus (lockjaw) in the intestinal tract of the horse. It is not a parasite in the ordinary sense, but rather a saprophyte. From these sources it may be deposited on the soil although attempts at isolating it from the soil have generally given negative results.

*Rosenau, M. J., Preventive Medicine and Hygiene, New York and London, 1917, 2, ed., p. 627; Jordan, E. O., A Text-Book of General Bacteriology, Philadelphia and London, 1916, 5, ed., p. 356; Park, W. H., and Williams, Anna W., Pathogenic Microorganisms, New York and Philadelphia, 1917, 6, ed., p. 449.

SILVOL: A USEFUL GERMICIDE.

The signal property of Silvol is its germicidal and non-irritating effect on inflamed and infected mucous membranes. This notable proteid-silver compound contains approximately 20 per cent of metallic silver. It is non-toxic. It is freely soluble in water, and its solutions do not require filtration. It does not coagulate albumin, and it is not precipitated by proteids or alkalies. It stains less than other proteid-silver combinations.

Silvol may be used in the treatment of infected and inflamed mucous membranes in strengths ranging from 2 to 50 per cent. It has been suggested that the addition of a small proportion of glycerin to Silvol solutions will prevent them from spreading too freely over the surfaces to which they are applied; that the glycerinized solution forms a thin film over the surface that does not immediately dry off. In other words the glycerin "holds" the Silvol to the spot.

Silvol has been successfully used in the treatment of nasal and pharyngeal inflammations, both acute and chronic. One practitioner reports his experience with a 20-per-cent. solution of Silvol in over five hundred cases of various nasal, laryngeal and ear diseases. The solution was used either as a spray, instillation, or topical application.

An eastern specialist reports gratifying success with Silvol in the treat-

ment of twenty-five cases of antral infection. The treatment consisted in irrigating the sinus with normal salt solution, then injecting it as nearly full as possible with a 10-per-cent. solution of Silvol, repeating daily. Usually the cases cleared up in less than a week, often within three or four days. Another writer observed most striking results in tracheitis and bronchial asthma. In these cases a 10-per-cent. solution was applied twice a week.

A prominent urologist reports the successful use of Silvol in one hundred cases of posterior urethritis, gonorrheal in origin. A 10-per-cent. solution was applied, once a day, to the posterior urethra with an Ultzmann syringe, and each patient received a supply of the same solution for home use, to be applied two or three times a day.

Results from the use of Silvol in the treatment of eye diseases are highly favorable. A well-known ophthalmologist says: "My clinical observations of Silvol evidenced to me that in all forms of acute conjunctivitis, acute epidemic to acute gonorrheal, this product is a powerful bactericide, apparently absolutely non-irritating; even in a solution of 50-per-cent. used as frequently as every fifteen minutes, day and night, for a period of three days."

An experienced surgeon makes the assertion that Silvol is a better application in ophthalmia of the new-born than silver-nitrate. It can be used with less risk and the writer thinks he can control any case with it.

Silvol is supplied in the following forms: Ounce bottles; six-grain capsules, bottles of fifty; Vaginal Suppositories of Silvol, 5 per cent., boxes of one dozen; Silvol Ointment, 5 per cent., collapsible long-nozzled tubes, two sizes; Silvol Bougies, 5 per cent., boxes of 25 and 100.

SOUTHERN CALIFORNIA PRACTITIONER.

Vol. XXXIII. LOS ANGELES, FEBRUARY, 1918 No. 2

TREATMENT OF ECLAMPSIA.*

BY F. O. YOST, M.D., LOS ANGELES.

In discussing the treatment of most diseases it has become a classical habit to consider therapeusis under two heads, viz., **preventive**, or prophylactic, and **curative**, or the treatment of the fully-developed disease.

In considering the treatment of eclampsia this division is especially apt, as it is a condition against which preventive measures are particularly efficacious.

Although our imperfect knowledge of the causes of eclampsia makes our efforts in the line of prevention and treatment mainly empirical, still experience has taught us very plainly that watchfulness and timely action will prevent or avert most of the catastrophies which would otherwise result from the toxemia.

As Dr. Lee says, "Every pregnant woman should be considered a possible candidate for eclampsia." Hence it is our duty to watch her and detect the condition in its earlier stages, so that we may prevent, where possible, the serious results.

Attention to hygienic details and the regular testing of the urine and blood pressure constitute the most important prophylactic measures.

Obstetricians of the last generation have been most emphatic in their efforts to teach the general practitioner the importance of watching the urine in these cases. It is equally incumbent on us in this generation to impress the possibly more important measure of watching the blood pressure. The urine should be examined and the blood pressure taken at least every two weeks during the latter part of pregnancy.

During the early months, also, they should be occasionally (monthly) tested, as the neglect of this (especially as regards the blood pressure) might cause us sometimes later to think that we had a sudden development of toxemia, whereas it may have been a case in which the blood pressure was high even from the start.

The important things as regards the urinary examination are:

1. Albumen.
2. Amount of urine possible in 24 hours.
3. Amount of total solids.

*Read before the Los Angeles Obstetrical Society, January 15, 1918

4. Percentage of urea.

Preventive Theatment. When symptoms of toxemia appear or the urine and blood pressure indicate impeding trouble we should take active measures to ward off the threatened exclamptic seizures.

The measures adopted fall into two classes:

1. Dietetic.
2. Eliminative.

Dietetic Measures. It is well in cases showing threatening symptoms to order complete abstinence from food for two or three days, allowing, however, an abundance of water.

After this we may order a milk diet for a time, and finally, if favorable results are attained, fruits, vegetables and starches may be added to the diet. Nitrogenous foods (meats and eggs) are only to be permitted after the toxic symptoms have subsided.

Elimination.

1. By bowels: With salines, croten oil, elateriums.
2. By kidneys: Abundance of hot water, milk diet, buttermilk, etc.
3. By skin: Sweats, hot packs, steam baths, etc.
4. By proctoclysis.
5. By saline infusion subcutaneously.
6. By bleeding and intravenous injection of saline solution.

Rest and quiet are measures of considerable value as adjuvants to diet and eliminative measures.

Curative Treatment. In spite of such measures as I have enumerated, some cases fail to improve, and it becomes evident that more active measures must be resorted to.

It also sometimes happens that a case goes into convulsions without warning, the urine perhaps having been normal within 24 hours of the attack.

Occasionally also one is called unexpectedly to take charge of a case where the patient has had no prophylactic care and reached the convulsive stage before securing any medical attention.

One finds so many measures advised for handling such conditions that it may be confusing to determine what is best to do.

But there is general concensus of authority to the dictum that in such cases the pregnancy should be terminated and the uterus emptied.

The method to be used in the individual case will differ with the exact conditions present.

If the case is one of profound toxemia with high and increasing blood pressure and albuminous urine, headaches and eye symptoms, which has been treated by rest, diet and elimination without avail, and it is judged necessary to induce labor, although no convulsions have yet occurred, we may adopt a slow technique, such as packing the lower uterine segment and cervix and awaiting the onset of pains. Or, one may resort to the use of the rubber bags, of which Voorhees' is a good type.

If active labor results delivery may in such cases be accomplished by nature, possibly aided by pituitrin. But in some such cases it is better after the cervix has become relaxed to complete dilatation normally and deliver by version or forceps.

In the case which has already reached the stage of convulsions, the slower methods of delivery are not in my opinion applicable. Here we should be governed in our method of delivery chiefly by the condition of the cervix, but, of course, our decision would also take into consideration the stage of pregnancy, and whether it is a primipara or a multipara.

Dilatation. Manual or instrumental. Fortunately in most cases which have reached the convulsive stage we find the cervix softened and perhaps considerably dilated, or at least dilatable.

In such cases the simplest procedure would seem to be to complet the dilata-

tion under ether and oxygen and deliver by version or forceps.

I do not altogether share in the condemnation of the Bossi dilator. It has served me will in some cases. But if it is used the operator should actually time himself by a watch and thus avoid too rapid work with the instrument, which is powerful and capable of producing or at least starting serious lacerations.

Perhaps manual dilatation is to be preferred in most cases, although the too strenuous operator may do as great damage by this means as by instrumental.

In cases in which the cervix is long, firm and entirely undilated, the question of how best to deliver is not quite so simple. Some authorities favor vaginal caesarean section or hystertomy, while others would do an ordinary abdominal caesarean. If the vagina is relaxed, as in a multipara and the cervix comes down well and the child is evidently not unduly large, the vaginal operation is good. But with a small vagina and large child, and especially if the pelvic measurements are scant, the abdominal would be my choice of operation.

Medical Treatment. Occasionally a case will occur in which, although the patient has actually reached the convulsive stage, it is not possible to resort to immediate operative delivery. Under these circumstances there are a number of medicinal agents which will prove more or less valuable.

Morphine is probably the most effective drug and may be given in rather large doses.

Chloral per rectum is advised.

Sweating may help.

Veratrum viride given subcutaneously in doses sufficient to bring the pulse down to 60 and lower the blood pressure is strongly lauded by some authorities, while others find it inert (m x q ½ h till pulse is 60.) Purgation with croton oil, elaterin or salines is advisable.

Bleeding has proven often beneficial.

On the whole, however, I believe that the less time lost in delivering the better, if the case has reached the convulsive stage.

The San Diego County Medical Society elected the following officers for 1918: President, Dr. Jas. Jackson; vice-president, Dr. P. M. Carrington; secretary, Dr. W. W. Crawford.

Sterilization and permanent segregation of defective and diseased persons urged in resolution passed in closing session of Episcopal convention of the diocese of Los Angeles Thursday. This action by a Conservative Religious party shows that the world is progressing. The sterilization of criminals and the mentally deficient will prove a great preventative for crime, and it is a source of satisfaction to see this step taken by the Protestant Episcopalian Church.

SOUTHERN CALIFORNIA PRACTITIONER.

A MEDICAL, CLIMATOLOGICAL AND SOCIOLOGICAL MONTHLY MAGAZINE.
This journal endeavors to mirror the progress of the profession of California and Arizona.

Established in 1886 by Walter Lindley, M.D., LL.D.
DR. GEORGE E. MALSBARY, Editor and Publisher.

Associate Editors,
Dr. Walter Lindley, Dr. W. W. Watkins, Dr. Ross Moore, Dr. George L. Cole, Dr. Cecil E. Reynolds, Dr. William A. Edwards, Dr. Andrew W. Morton, Dr. H. D'Arcy Power, Dr. B. J. O'Neill, Dr. C. G. Stivers, Dr. Boardman Reed, Dr. W. H. Dudley, Dr. J. M. Mathews.

Address all communications and manuscripts to
EDITOR SOUTHERN CALIFORNIA PRACTITIONER,
Subscription Price, per annum, $2.00. 1414 South Hope Street, Los Angeles, Cal.

EDITORIAL

MOBILIZING THE PROFESSION FOR WAR.

Until the entire medical profession of the United States, or at least those who are mentally and physically fit and within the age limit, are mobilized within the Medical Reserve Corps of the United States Army, not until then can we give to the Surgeon-General that efficiency which he so badly needs in having a large Body of Medical Officers upon whom to draw.

You may never be called, at the same time your joining the Medical Reserve Corps and placing your services at the command of your country, clearly indicates the patriotism which the medical profession, as a whole, should evince and which we must manifest if we are to win the war.

Every doctor must realize that success depends upon a carefully selected and thoroughly trained Body of Medical Officers. By careful selection, we mean the placing of a medical officer in a position where he is best fitted for the service, and only by having an immense Corps or the entire profession mobilized upon a war basis, can we serve our country to the best possible advantage.

This mobilization of the entire profession should come from within the Body itself, but every physician coming within the requirements of the service, as to age and physical fitness, should seriously consider this suggestion and not wait for complete mobilization but apply at once for a commission in the Medical Reserve Corps of the United States Army.

It is not only for the combatant forces that medical officers are required, but for sanitation, hospital camps, cantonments and in other departments where the health and life of the forces are dependent upon the medical officer.

We have within the profession a sufficient number of doctors to fully meet the requirements of the Surgeon-General's Office, whatever they might be, but to be of service, you must join the Medical Reserve Corps to enable you to meet the appeal which is now being made for a large and efficient Medical Reserve Corps upon which the

Surgeon-General may draw as requirements demand.

THE NEEDS OF THE MEDICAL SERVICE.

Under the above caption, Lieut.-Col. R. E. Noble, M.C., U. S. A., presented before the last meeting of the Southern Medical Association, a most admirable paper, which convincingly answers the many questions asked of the Department, and which have caused perplexing hours of thought with many doctors.

The communication appears in full in the December issue of the Southern Medical Journal and should be read by every doctor in this country.

In a previous paper by the same writer, presented prior to the time that the United States entered the world struggle, as in the above referred to communication, Col. Noble said: "On the medical profession rests a heavy responsibility, for with the medical profession rests the subject of medical preparedness."

This is a particularly impressive paragraph and pregnant with truth, and its meaning should sink deep into the heart of every doctor in America. What was a fact before we entered the struggle is more than a fact now, since we have joined forces with our Allies in a world war, and which will only be terminated by the success of our arms.

We have not a sufficient number of medical officers to care for the combatant and other forces now in training. With the new draft soon to be called and the possibility of the raising of an army of between five and ten million, as has been authoritatively foreshadowed, we would repeat "On the medical profession rests a heavy responsibility, for with the medical profession rests the subject of medical preparedness."

The responsibility of the medical profession of the United States and its importance in the successful outcome of the war cannot be too forcibly impressed upon every doctor who is mentally and physically fit and within the age limit, and they are urged to offer their services now.

That the Surgeon-General should have an immense Corps of Medical Reserve Officers upon which to draw, enabling him to place the individual where he will be best fitted for the service, is manifestly apparent. This will mean efficiency and by efficiency alone can the responsibility now resting upon the medical profession of this country be lessened.

Apply at once for a commission in the Medical Reserve Corps and thus relieve the responsibility which you owe to your country, your profession and yourself.

NON-BEVERAGE ALCOHOL.

The law is that,

"All persons, firms, and corporations . . . desiring to USE or sell distilled spirits for other than beverage purposes, will be required FIRST TO QUALIFY therefore by filing with the Collector of Internal Revenue an APPLICATION, IN DUPLICATE, FOR A PERMIT, AND A BOND, IN DUPLICATE, to be approved by the Collector."

Every physician who wishes to buy alcohol U. S. P. for his own use must get a permit from the U. S. Internal Revenue Office, file a bond and state in his application blank for what purpose he intends to use the alcohol. This applies whether it is for washing his hands or for preparing stains for laboratory use, or for any other purpose for which he desires to use grain alcohol without having it medicated or in some manner denatured.

A physician cannot purchase more than one pint of alcohol that has been medicated without obtaining a permit.

Permits will not be issued to retail liquor dealers, nor to any other dealer

who sells beverage spirits. Pharmacists and other retail dealers can obtain such permits.

The Government has given out ten formulas with which alcohol can be medicated and dispensed upon prescriptions. This does not apply to the usual pharmaceutical preparations such as tinctures, etc. If it is desired to prescribe grain alcohol for external use it must be medicated according to some one of the ten formulas.

The Northern Ohio Druggists' Association has adopted formula No. 2, which will be used in all cases where grain alcohol is prescribed without specifying the medicament to be used. It is as follows: Solution of formaldehyde U. S. P., one part; alcohol, two hundred and fifty parts.

BASE HOSPITAL BANQUET.

The dinner tendered to Base Hospital Unit No. 35, U. S. Army, at the Hotel Alexandria on Saturday evening, February 2, 1918, by the medical profession of Los Angeles County, was one of the most perfect affairs that we have ever attended. There were over 200 present, and in the decorations over 600 American flags were used. The music, both instrumental and vocal, was full of patriotic thrills, and evoked great enthusiasm.

At the head table was Dr. William Duffield, President of the Los Angeles County Medical Society, and Toastmaster of the evening. To his right sat Major J. J. Van Kaathoven and to his left sat Alfred Noyes, the poet, and others at the head table were the members of the unit and the speakers of the evening.

Guerney E. Newlin, Esq., the eloquent President of the Los Angeles Red Cross, delivered a speech on the American Red Cross that broadened our knowledge of the great work of this noble organization. Dean Wm. MacCormack gave a talk full of wit, humor, and good advice. Dr. W. A. Edwards spoke most affectionately to the toast "La France." Mr. Alfred Noyes read a thrilling and amusing story entitled "Uncle Hyacinth." The story was a delightful one and had been published in the Saturday Evening Post of February 2. Those who had not previously read it derived great pleasure from listening to it. Mr. Noyes also read two of his poems. John S. McGroarty, poet, journalist, author and playwright, gave a feeling talk in appreciation of "The Doctor." Mr. L. D. Wishard, "Special Y. M. C. A. Commission to France," delivered an eloquent and fervid war talk, entitled, "Shall We Entail Our Estate With the Price of Peace." Major Walter V. Brem spoke delightfully, and then called the role of the unit.

The last speaker was Major J. J. Van Kaathoven, who made a manly talk that won the hearts of all. The evening closed with singing Auld Lang Syne, lead by Dr. W. T. McArthur. Dr. Duffield acquitted himself most admirably as the Toastmaster and leader of the evening.

PROSTITUTION IN NEW YORK.

There is no doubt but the active surveillance of prostitutes and their exploiters backed by a determined public sentiment, will greatly reduce prostitution in any city.

The Bureau of Social Hygiene, 61 Broadway, New York City, concludes its bulletin of November first, 1917, with the following statement:

"Effective police activity against owners and keepers of vice resorts, pimps and prostitutes, has continued with unabated vigor during the past year. The reduction in the number of vice resorts in operation this November 1st amply bears out this statement.

"Some of the pimps have gone back to legitimate employment, while others have left the city. Some are in the army, although an uncertain number are said to have gone to parts unknown

in order to escape the draft. Madams and inmates have left for other cities, some going to Cuba, to the Panama Canal Zone, and to Alaska. Some of the former men owners are conducting legitimate business enterprises in New York City; others are conducting vice resorts in other parts of the country.

"New York City has been made an unprofitable field of operation for these people, many of whom have lost thousands of dollars during the last four years trying to operate despite police activity. Their disorderly resorts were closed. Reopened at different locations again and again, they were suppressed as often. Even if they contrived to operate for short periods, at no time did they do a really profitable business. The cost of moving from one place to another, of putting furniture in storage and taking it out again, of renovating new establishments, all drained their finances to the extent of forcing them to pawn personal effects in order to 'try once more.' And only when the police blasted their last efforts did they give up trying. Madams who had been in the business for twenty or more years, who had successfully weathered all previous attempts to eradicate commercialized vice from the city, finally closed their houses and acknowledged 'this reform movement is the worst ever.' "

DR. CLARENCE MOORE, U. S. A.

The Los Angeles Times of January 26, 1918, says:

"Capt. Clarence Moore, U. S. A., son of Dr. M. L. Moore, a pioneer Los Angeles physician, who is to leave today for Ft. McPherson, Georgia, to take up his work as a surgeon, was the guest of honor at a luncheon given by Dr. Walter Lindley at the California Club at noon yesterday, to prominent members of the medical profession and others.

"Capt. Moore was called home some weeks ago when it was found necessary for his father to undergo a serious operation. The father has now recovered and will be removed to his home today.

"Short addresses were made at the luncheon by the guest of honor, Capt. Moore, and Drs. W. A. Edwards, W. W. Hitchcock, John R. Haynes, LeMoyne Wills, and William Duffield.

"Those present were: Drs. W. W. Beckett, E. Avery Newton, F. L. Anton, W. W. Hitchcock, C. W. Anderson, C. P. Thomas, E. J. Cook, W. G. Cochran, H. Bert. Ellis, Carl Kurtz, A. C. Thorpe, W. R. Molony, H. G. McNeil, Lasher Hart, A. B. Cooke, R. C. Chaffin, William Duffield, A. W. Moore, J. P. Gilmer, J. J. O'Brien, W. H. Kiger, E. D. Jones, P. O. Sundin, C. W. Pierce, Henry W. Howard, LeMoyne Wills, J. F. Friesen, W. T. McArthur, W. A. Edwards, James William Shaul, J. J. Van Kaathoven, Clarence Toland, Percy G. White, H. G. Brainerd, John R. Haynes, Leo Schroeder, E. H. Wiley, J. R. French, Harry C. Rees, O. W. Butler, R. B. Hill, Norman Bridge, F. D. Bullard and Mr. W. R. Rowland."

CEREBRO-SPINAL MENINGITIS.

This dread disease and pneumonia have caused almost all the deaths in the cantonments of the army.

This death rate might be reduced to the minimum by placing these cantonments in New Mexico, Arizona and Southern California. The following excerpt from Bulletin No. 4 of the Bureau of Medicine and Surgery of the U. S. Navy:

"In an article published in the Lancet of October 6, 1917, by P. Fildes and P. B. Wallis the question of the use of antiseptics to destroy meningococci in carriers is discussed. They employed Chloramine-T in an inhaling chamber, and as a nasopharyngeal spray in a 2 per cent solution. They also used acriflavine as a spray in a 1 to 500 salt solution. They also tested boracic acid, carbolic acid, magnesium hypochlorite, formalin, potassium permanganate, and several others. Look-

ing at their results as a whole, they conclude that one-third of the carriers clear up spontaneously, regardless of the treatment, and that none of the methods of treatment tested have any conspicuous merit, nor has one any obvious advantage over another.

"They also believe that four consecutive negative cultures, taken one week apart, should be secured before discharging a carrier to duty.

"The findings of the authors have been borne out by the results obtained by our medical officers in the use of antiseptics to cure meningococcus carriers. No antiseptic produces the results that were looked for. The use of Di-chloramine-T appears to be futile, and it is perhaps dangerous in the strength applied, as it seems at times to have an irritating effect on the mucous membrane. If applied in sufficient strength to kill organisms, it would likewise destroy healthy epithelial tissue and possibly thus break down an effective barrier against the entrance of the meningococci to the central nervous system. It would seem not improbable that cerebrospinal fever may develop in carriers only when there is some injury to the nasopharyngeal mucous membrane, as, for instance, in catarrhal conditions accompanying measles or traumatism to the head involving the nose.

"It is quite likely that a warm, dry, climate is more effective in the elimination of carriers than any form of medication."

EDITORIAL NOTES

Mr. Joseph L. Turner, Head Chemist of the Bristol-Myers Company, Brooklyn, has been unanimously elected First Vice-President of the New York Local Branch of the American Pharmaceutical Association.

Doctor J. P. Brested of North Dacota has located in Anaheim.

Dr. G. V. Wolfington, formerly of Riverside, has located in Blythe.

Dr. J. A. Balsley of Venice has been called to military duty at Camp Kearny.

Dr. Maurice F. Decker, formerly of Los Angeles, has located in San Pedro.

Dr. Mark C. Myers, eye, ear and nose specialist, has located in Santa Barbara.

Dr. Barton R. Clow, of Santa Barbara, who has been very ill, is now himself again.

Dr. John J. Kyle, late Major in Medical Reserve Corps, U. S., has resumed active practice in Suite 702, Title Insurance Building.

Dr. W. G. McGill, graduate of the University of Pennsylvania, has located in Lancaster.

Dr. Helen Woodruffe of Santa Monica is now safely in France, connected with Red Cross work.

Dr. H. L. Hildreth of San Jacinto has been appointed surgeon to the Soboba Indian Agency.

Dr. James M. Conerty has been appointed Assistant Police Surgeon at the Los Angeles Receiving Hospital.

Dr. Ralph Hagan of Los Angeles has been commissioned Captain in the United States Medical Reserve Corps.

Dr. Ross Moore's many friends regret to hear that he has been critically ill at Camp Bowie, Fort Worth, Tex. He is suffering from pneumonia. Mrs. Moore is at his bedside.

Dr. J. E. Pottenger of Monrovia was sued for $25,000 damages done by his automobile in an accident in August, 1915. The case was just decided in favor of Dr. Pottenger.

Dr. Harriet Probasco is chief physician in the Las Feliz Hospital for the treatment of women suffering from veneral diseases. She was appointed by Health Commissioner Powers.

Doctor Wm. Cook, former resident of Bakersfield, has been appointed assistant surgeon at the Old Soldiers' Home at Santa Monica. He was Major and Surgeon for the Third Infantry, U. S. Army.

Dr. Robert E. Dounell, who has been house physician for the Grant Hotel, San Diego, for the last five years, has received orders to report to the Naval Air Station, Balboa Park, for immediate duty. The doctor has received his commission as lieutenant.

Dr. David P. Fredericks, formerly of Los Angeles, now has offices in the Oakland Bank of Savings Building, Twelfth and Broadway, Oakland. We heartily commend to the profession around the bay as an able oculist and aurist.

Dr. John P. Gilmer, head of the Los Angeles Receiving Hospital, has received his commission in the navy, and for the present has been assigned to duty examining recruits at the Naval Recruiting Station, corner of Seventh and Spring streets.

Mrs. Horatio Walker, superintendent of nurses of the Good Samaritan Hospital, is a daughter of a Presbyterian Clergyman, and has a brother, a multimillionaire, who has become a peer of the Realm, and is known as Lord Beaver Brook.

Dr. Philip B. Riggins, head of the Santa Fe Hospital in Los Angeles, was very severely injured, and at the last accounts there was possibility of his death, as the result of an automobile accident on February 10. James Noel, who was driving the doctor's car, was killed and Mrs. Noel and Mrs. Riggins considerably injured.

Bulletin No. 4 of the Bureau of Medicine and Surgery of the Navy gives some very interesting information. Amongst other data it shows that the number of deaths from disease in the entire Navy for the week ending December 15th, 1917, were only 15 out of 278,000 men. This certainly demonstrates that the Navy is a healthful place for young men.

At the January meeting of the Riverside Medical Society, Doctor Moss, the president, was ill and Doctor B. O. Adams, the vice-president, occupied the chair. The main address of the evening was delivered by Dr. C. Leroy Lowman of Los Angeles. His subject was "Posture and Efficiency." Dr. Lowman illustrated his address with stereopticon views.

Dr. Ralph L. Taylor, health officer of Long Beach, is already taking steps to protect that city from mosquitoes next summer, by draining the swampy land near the beach, burning grass on places where it harbors the pests, and spreading oil on the surface of pools.

Less than 1% of the 8000 men examined for the U. S. Army were found to be tuberculous has been announced by Colonel M. Bushnell of the Surgeon General's office.

Dr. G. Hamilton Trevelyan of Arlington, Riverside County, died at his home on January 21, 1918, from Cerebral hemorrhage. Dr. Trevelyan was 39 years old, graduate of the Medical Dept. of the U.S.C., a first Lieut. in the U. S. Army Medical Reserve Corps, and at the time of his death was expecting to be called to active service.

Dr. E. E. Roberts was recently elected president and Dr. E. N. Reed secretary of the Santa Monica branch of the Los Angeles County Medical Society.

As a permanent memorial for a friend who fell upon a battle field in France last fall, George W. H. Allen of No. 340 South Orange Grove avenue, Pasa-

dena, has arranged to erect a hospital building to be added to the Barlow Sanatorium group in Chavez Ravine on Elysian Park avenue. Plans for the building are now being drawn by Architect John C. Austin. The structure will be of frame, plastered with white cement, and will be similar to the other structures in the hospital group. Work on the building will start next week. On the side of the building, near the entrance, there will be a bronze tablet bearing the following inscription: "In memory of Justin Morell McKenna, born in London, Eng., January 14, 1896. Killed in action at Wasnes au Bac, France, October 2, 1917. Erected by his friend, George W. H. Allen."

Dr. Milbank Johnson, in an address before the Los Angeles City and County Magistrates' Association, said in speaking of the Las Feliz Hospital, established by the Los Angeles City Council for the treatment of diseased women of the street, instead of fining women of the street after their arrest, to hold them in jail for the first offense for thirty days; sixty days for the second offense, and to give them the limit for a third offense.

"Let there be no fines," said Dr. Johnson.

After the arrest of the women it is planned to treat them for the drug and liquor habit and infectious diseases, and to find employment for those who show a desire to better their conditions. Fifty out of every 100 women taken from the street are feeble-minded, Dr. Johnson said. They are not immoral, but unmoral. Incidentally he stated that while the State has appropriated $250,000 for the establishment of a moron colony, nothing has been done toward starting it; not even the trustees have been appointed. Pressure has been brought to bear, however, and the money will soon be used for taking care of the feeble-minded women.

He referred to the soldier camp at Linda Vista, where out of a total of 38,000 men there are only eight cases, "and this is a record in the United States," he declared.

In September, 1917, he stated, of the regular army, 83 per cent. were infected; in the drafted army, 380 out of 1000, and in the National Guards, 148 out of 1000. The last report of the Surgeon-General shows that there has been a reduction in the number of infected cases of approximately one-fourth.

MUST FOLLOW US.

"It is not a regulation of the army that is going to keep out disease," he said. "The disease does not originate in the army, but in the communities. Clean up the communities and the army will take care of itself. I was told in Washington on my recent trip that Los Angeles has set the nation on fire and that the nation must follow the lead."

SOUTHERN CALIFORNIA PRACTITIONER.

Vol. XXXIII. LOS ANGELES, MARCH, 1918 No. 3

EXTRA-UTERINE PREGNANCY.*

DR. W. O. HENRY, F.A.C.S.

Mr. President and members of the Society:

It is only necessary to remind you that any implantation and development of a fecundated ovum outside of the uterine cavity is an Extra-Uterine or Ectopic gestation.

The special location of such development whether interstitial, tubal, ovarian or abdominal, while a matter of some scientific interest, is of no particular clinical importance for they are all pathological or abnormal and endanger the life of the patient until they are removed.

Etiology. Nothing especially new is known as to the cause of the anomalous condition. Of course anything which interferes with the entrance of the impregnated ovum into the tube, or whatever causes difficulty in the passage of the fecundated ovum along the tube will help in its arrest and development in an abnormal position.

A tortuous tube, a constriction of the tube, a diverticulum in the tube, a loss of the epithelium or trauma, may precede or be responsible for the abnormality. A small or obstructed opening in the tube at its outer extremity may also cause an ectopic pregnancy.

We have been taught, and perhaps in the majority of cases it is correct, that ectopic gestation occurs most frequently in women who have born one or more children, and then for some unaccountable reason have gone many years without a pregnancy when suddenly with no warning this abnormal pregnancy takes place with all of its dangers and evil tendencies.

So that we have been led to expect an extra-uterine pregnancy only in these special conditions. Now whilst I am willing to admit that this is very often the picture presented to us, still I must insist that we should not rest too securely in this belief; for I have seen several cases occur in women with babes at the breast not six months old. So that we must be on our guard and be prepared to recognize the symptoms when they occur without regard to former pregnancies. Then, too, we must remember that the condition occurs in young women who have never been conscious of any female weakness or disease and have had no occasion to

*Read before the Los Angeles Obstetrical Society, Feb. 12, 1918.

fear an abnormal pregnancy. It is well for every medical man to be fully instructed in the classical picture of an aborted or ruptured ectopic gestation; but he should also bear in mind these rather frequent departures from the common type lest he be lured into an erroneous diagnosis and dangerous treatment.

Diagnosis. The symptoms of an ectopic gestation until an abortion or rupture takes place are very like an ordinary pregnancy. I do not agree with those who say, "Pain is a constant symptom of tubal pregnancy," for there is usually no pain nor other rare symptoms until some internal bleeding occurs or pressure becomes troublesome. So that as a matter of fact the patient does not suspect anything unusual about her pregnancy until hemorrhage occurs or some pressure symptoms call her attention to it. Menstruation is arrested just as in a normal pregnancy, and there is no hemorrhage, show of blood or shedding of the decidua until some internal hemorrhage develops. But if for any reason the physician is called upon to make a pelvic examination in a woman with an ectopic gestation during the early weeks and before internal bleeding occurs he will find a mass more or less boggy on the side of the uterus or in the location of the implantation of the impregnated ovum.

He will find softening of the cervix, enlargement of the uterus and the discoloration which obtains in a normal pregnancy. Even in the earliest days of an ectopic gestation he will find a marked increase in the arterial pulsation on the pregnant side not found in other conditions. The softened bulging of the anterior uterine wall in the medium line just above the junction of the body and cervix so common in normal pregnancy is rarely, if ever, found in ectopic. These symptoms with the history of the case and the probable elimination of inflammatory conditions or growths in the pelvis, will make the diagnosis fairly certain and will justify at least a careful watching of the case in a hospital, if not an immediate operation. However, most cases do not come under the physician's care until an internal hemorrhage occurs and he is hurriedly called in, either on account of the severe pain or the shock and collapse. When, therefore, either a tubal abortion or rupture takes place there is a quick, sharp cramping pain low down in the abdomen in the ovarian region on the side where the bleeding occurs, and the patient may drop to the floor in a faint or she may be curled up on the bed.

If the loss of blood be great she will become greatly shocked, with pale, blanched and shrunken features. She will have a rapid weak pulse, and sometimes will break out in a cold perspiration.

In my experience the hemorrhage is more profuse in tubal abortion than in rupture. In cases where the bleeding is not so free the pain and shock are not so marked and the patient thinks she is having cramps from her delayed but regular period, and does not even call a physician.

She lies down, gets a hot water bottle or other hot applications to the abdomen, drinks some hot tea and waits for the flow.

The vaginal flow always begins within a few hours after the internal bleeding starts unless the patient dies too soon.

I would like to call your special attention to the peculiar dark blackish character of this bloody discharge.

I believe it is always blacker in color than any the patient ever has at other times in her menstrual life. If the physician is called in the acute attack, he must be on his guard or he will too easily agree with the patient that she is having her period or any ordinary abortion. If, however, he will give thoughtful attention to the history and

make a careful examination he will find the abdomen, and especially the pelvis per vaginum, extremely tender out of all proportion to the apparent seriousness of the case. He will find a fluctuating or soft mass in Douglas cul de sac with possibly a firmer mass in the tube or about the ovary. And as above indicated he will find the other signs of pregnancy, and within a few hours from the beginning of the pain there will be the peculiar discharge from the vagina and within twenty-four or forty-eight hours the discharge of the decidual membrane.

One of the most frequent mistakes I have noted is that the physician first called, when the shock is not too great, concludes that the patient is having an abortion and proceeds to do a curetment, without suspecting the nature of the condition even after making the curetment. Of course if the internal bleeding is not very marked the pain and shock are correspondingly light and in a few hours, or days at most, the patient seems about as well as usual and takes up her duties once more.

When after a week or ten days there is another attack of cramping pain of like character, while the bloody vaginal flow continues like an irregular menstruation. These attacks may be frequent, each of short duration, lasting over a period of three or four weeks.

In some of these mild cases there is gradually an accumulation of blood and debris in the cul de sac which becomes infected with the colon baccillus and we get the fever and inflammation which goes with it. These cases give us our largest pelvic abscesses which either nature or the physician evacuates.

Treatment. In the early stage before tubal abortion or rupture occurs the abdomen should be opened and the pregnancy should be removed. True, the growth might be successfully removed by vaginal section, but I believe most men can do the abdominal operation more skillfully and successfully than the vaginal and therefore that should be the operation of choice.

When abortion or rupture has occurred the abdomen should be opened without any more delay than is absolutely necessary to prepare for and do a skillful operation. Do not even wait for the patient to rally from shock. Under hypo of morphine and atrophine take patient to the operating table and use hypodermoclysis if need be, but proceed under ether to open the abdomen, control the bleeding, remove the product of conception, wipe out the blood clots, remove the damaged tube and close the abdomen without drainage. I am inclined to believe, however, that soon we will be more conservative and seek to repair the damage and leave the injured tube and ovary rather than amputate as has been the custom for so long. In these very acute cases which require such prompt operative procedure I am well aware that some good operators prefer the vaginal route; and I myself have had some very satisfactory results and no evil effects from the vaginal section.

However, I am convinced, after all, that the abdominal route is safer, surer, more thoroughly skillful and therefore better.

There are some who believe and teach that both tubes should be removed in these cases and the woman rendered sterile when operating for ectopic gestation on one side. And they cite the fact, in justification of their opinion, that sometimes if this is not done an ectopic pregnancy will soon occur on the other side and once more endanger the woman's life. It seems to me, however, that such a position is hardly tenable, and I think we should grow more and more conservative rather than more radical.

Prognosis. Cases promptly and properly treated nearly always recover. The more acutely severe they are, the greater the immediate danger and the

more urgent the need of skillful treatment. The mild, protracted and chronic cases nearly always recover after a time, either by nature walling off the product of conception and by infection developing an abscess which ruptures through the bowel or vagina and thus evacuates itself; or by the surgeon coming to her aid and giving relief.

While therefore we can confidently and truthfully say that the prognosis is generally favorable and friends need not usually be alarmed when proper treatment is given, still we must also admit that a number of women have died from a tubal abortion or ruptured ectopic pregnancy before a correct diagnosis is made or proper aid was called in. And further that a certain per cent of these women die quickly within a few hours of the onset of the hemorrhage. This last point is an important one for us to make to the general practitioner who usually sees these patients first and should therefore be fully aware of the symptoms, the danger and the urgent necessity for a correct diagnosis and immediate skillful attention.

To summarize:

First. Extra Uterine or Ectopic Pregnancy is of more frequent occurence than is usually supposed and means the implantation and development of a pregnancy anywhere outside of the uterine cavity.

Second. It may occur and a substitute for a normal pregnancy in any child-bearing woman.

Third. The cause is not known, but whatever allows the passage of the spermatazoa through the tube and yet interferes with the entrance of the fecundated ovum into the tube or its passage through the tube may be the deciding factor in localizing and developing the pregnancy in its abnormal condition.

Fourth. The symptoms are very like those of a normal pregnancy until concealed bleeding or pressure symptoms appear.

Fifth. When rupture or tubal abortion occurs the symptoms are almost characteristic and thoughtful attention to the history with careful examination will rarely fail to make the diagnosis clear.

Sixth. In clearly defined cases the expert should at once be called to operate. In cases of doubt the expert should be asked to assist in the diagnosis and share the grave responsibility.

Seventh. The prognosis is usually good; but some of these cases die before a correct diagnosis is made or proper treatment been employed.

The Municipal Hospital for the treatment of women with venereal diseases now has forty-eight patients. Women of the street in Los Angeles who are arrested are examined by women and on discovering that they are diseased are sent to this hospital immediately for treatment and are kept there until they are cured. Many other cities are following the example of Los Angeles in this matter.

SOUTHERN CALIFORNIA PRACTITIONER.

A MEDICAL, CLIMATOLOGICAL AND SOCIOLOGICAL MONTHLY MAGAZINE.
This journal endeavors to mirror the progress of the profession of California and Arizona.
Established in 1886 by Walter Lindley, M.D., LL.D.
DR. GEORGE E. MALSBARY, Editor and Publisher.

Address all communications and manuscripts to
EDITOR SOUTHERN CALIFORNIA PRACTITIONER,
Subscription Price, per annum, $2.00. 1414 South Hope Street, Los Angeles, Cal.

EDITORIAL

VOLUNTEER MEDICAL SERVICE.

For the purpose of completing the mobilization of the entire medical and surgical resources of the country, the Council of National Defense has authorized and directed the organization of a "Volunteer Medical Service Corps," which is aimed to enlist in the general war-winning program all reputable physicians and surgeons who are not eligible to membership in the Medical Officers' Reserve Corps.

It has been recognized always that the medical profession is made up of men whose patriotism is unquestioned and who are eager to serve their country in every way. Slight physical infirmities or the fact that one is beyond the age limit, fifty-five years, or the fact that one is needed for essential public or institutional service, while precluding active work in camp or field or hospital in the war zone, should not prevent these patriotic physicians from close relation with governmental needs at this time.

It was in Philadelphia that the idea of such an organization was first put forward, Dr. William Duffield Robinson having initiated the movement resulting in the formation last summer of the Senior Military Medical Association with Dr. W. W. Keen as president—a society which now has 271 members.

Through the Committee on States Activities of the General Medical Board the matter of forming such a nation-wide organization was taken up last October in Chicago at a meeting attended by delegates from forty-six states and the District of Columbia. This Committee, of which Dr. Edward Martin and Dr. John D. McLean—both Philadelphians—are respectively chairman and secretary, unanimously endorsed the project. A smaller committee, with Dr. Edward P. Davis, of Philadelphia, as chairman, was appointed to draft conditions of membership, the General Medical Board unanimously endorsed the Committee's report, the Executive Committee—including Surgeons General Gorgas of the Army, Braisted of the Navy, and Blue of the Public Health Service—heartily approved and passed it to the Council of National Defense for final action, and the machinery of the new body has been started by the sending of a letter to the State and County Committees urg-

ing interest and the enrollment of eligible physicians.

It is intended that this new Corps shall be an instrument able directly to meet such civil and military needs as are not already provided for. The General Medical Board holds it as axiomatic that the health of the people at home must be maintained as efficiently as in times of peace. The medical service in hospitals, medical colleges and laboratories must be up to standard; the demands incident to examination of drafted soldiers, including the reclamation of men rejected because of comparatively slight physical defects; the need of conserving the health of the families and dependents of enlisted men and the preservation of sanitary conditions—all these needs must be fully met in time of war as in time of peace. They must be met in spite of the great and unusual depletion of medical talent due to the demands of field and hospital service.

In fact, and in view of the prospective losses in men with which every community is confronted, the General Medical Board believes that the needs at home should be even better met now than ever. The carrying of this double burden will fall heavily upon the physicians, but the medical fraternity is confident that it will acquit itself fully in this regard, its members accepting the tremendous responsibility in the highest spirit of patriotism. It will mean, doubtless, that much service must be gratuitous, but the medical men can be relied upon to do their share of giving freely, and it is certain that inability to pay a fee will never deny needy persons the attention required.

It is proposed that the services rendered by the Volunteer Medical Service Corps shall be in response to a request from the Surgeon General of the Army, the Surgeon General of the Navy, the Surgeon General of the Public Health Service, or other duly authorized departments or associations, the general administration of the Corps to be vested in a Central Governing Board, which is to be a committee of the General Medical Board of the Council of National Defense. The State Committee of the Medical Section of the Council of National Defense constitutes the Governing Board in each State.

Conditions of membership are not onerous and are such as any qualified practitioner can readily meet. It is proposed that physicians intending to join shall apply by letter to the Secretary of the Central Governing Board, who will send the applicant a printed form, the filling out of which will permit ready classification according to training and experience. The name and data of applicants will be submitted to an Executive Committee of the State Governing Board, and the final acceptance to membership will be by the national governing body. An appropriate button or badge is to be adopted as official insignia.

The General Medical Board of the Council of National Defense is confident that there will be ready response from the physicians of the country. The Executive Committee of the General Medical Board comprises: Dr. Franklin Martin, Chairman; Dr. F. F. Simpson, Vice-Chairman; Dr. William F. Snow, Secretary; Surgeon General Gorgas, U. S. A.; Surgeon General Braisted, U. S. Navy; Surgeon General Rupert Blue, Public Health Service; Dr. Cary T. Grayson, Dr. Charles H. Mayo, Dr. Victor C. Vaughan, Dr. William H. Welch.

VOCATIONAL RE-EDUCATION OF THE DISABLED.

That 100,000 out of every 1,000,000 soldiers sent overseas will return to the United States during the first year of fighting, and that 20,000 of these will need some kind of vocational re-education or rehabilitation, is the estimate made by the Federal Board of Vocational Education in a report just pub-

lished as Senate Document 166.

"Long before the close of activities in the summer of 1918, the return of men will begin, and vocational re-education must start with the first men sent back, and must be developed as the number of men in hand for training increases," declares the report. "The development of facilities for undertaking vocational re-education must, in fact, anticipate the return of the men, since adequate provision cannot be improvised after the men are actually in hand for training."

A comprehensive Federal system for the re-education and placement in wage-earning occupations of every disabled soldier and sailor is presented by the Federal Board. This plan involves a central administrative agency at Washington, the co-ordination with that agency or every Federal and State agency concerned and with similar public, semi-public and private agencies, the establishment of "curative workshops" for the treatment of war cripples, together with a complete system providing for subsistence and pay during the period of re-education.

Basing its opinion on foreign experience, the report declares that "vocational rehabilitation can not be regarded as costing the community, except temporarily, anything whatever. The disability of the soldier or sailor is an economic handicap reducing productive power. Unless the men are vocationally re-established, and to the extent that they are not completely re-established, the economic loss to the community will be cumulative during a long period of years. Even a slight increase in vocational capacity, as a result of vocational training initiated during the period of convalescence, will result in an economic gain which, also, will be cumulative over a long period. This aggregate cumulative gain will certainly exceed any expenditures for vocational rehabilitation."

The increase of the earning power of the handicapped man, thus rendering him economically independent, is the ultimate object of this program.

The plea is made that "all the experience and all the special equipment required for emergency war work will be needed to provide for similar work in the vocational rehabilitation of men disabled in factories and workshops, of the victims of accident in all dangerous employments, and of the thousands of otherwise injured and crippled persons thrown upon the community each year. The number of such persons in normal times greatly exceeds the capacity thus far developed for their vocational rehabilitation."

In addition to the above it discusses methods of financing, organizing, and administering a national system of vocational rehabilitation; foreign experience and legislation are reviewed; and the proceedings of an inter-departmental conference held on the subject in Washington are summarized together with suggested legislation.

OUR LOS ANGELES NURSES.

Our Los Angeles hospital training schools for nurses have been doing their part in this great war.

The following from "The Trained Nurse and Hospital Review" (New York) for February:

"Reserve Nurses U. S. N.—For duty with Base Hospital No. 3, organized around the California Hospital, Los Angeles, Cal., by the superintendent, Hiss Anne Williamson. Miss Sue S. Dauser (Miss Dauser is an alumnus of the California Hospital Training School and was chief surgical at the California Hospital at the time of her enlistment) has been appointed chief nurse of this unit: Catherine G. Anderson, Ebba V. Anderson, Celesta Brown, Mildred Bulkeley, Theodosia B. Burnett, Alice M. Cannon, Lucile Chamberlin, Helen Cope, Anne Crump, Los Angeles, Cal.; Sue S. Dauser, chief nurse, San Diego, Cal.; Margaret H. De Noyer, Los An-

geles, Cal.; Emma J. Dunlop, Pasadena, Cal.; Agnes Eggen, Anna Friesen, Isabelle Gage, Agnes J. Gibson, Helen L. Guyette, Los Angeles, Cal.; Catherine J. Hamilton, San Francisco, Cal.; Lois M. Harkness, San Diego, Cal.; Olla Hazelton, Pearle A. Haymond, Abigail H. Hinckley, Los Angeles, Cal.; Joyce Birdsall, Corona, Cal.; A. Myrtle Carnahan, Los Angeles, Cal.; Fannie M. Cummins, Riverside Cal.; Gertrude A. Darnal, Riverside, Cal.; Ruth Jane Emerton, Pasadena, Cal.; Clara Hayes, Riverside, Cal.; B. Katherine Foote, Lucy M. G. Hernan, Viola E. Pratten, Florence G. Prichard, Ruth F. Stewart, Alice L. Thompson, Bertha Chase, Marie Adele Tracey, Los Angeles, Cal.; Harriet F. Lynch, Pasadena, Cal.; Agnes M. Ramsdale, Riverside, Cal.; Bessie Emily Smith, New York City.

Elizabeth A. Westmacott, U. S. N. R. F., St. Luke's Hospital Det., N. Y., U. S. Naval Hospital, Norfolk, Va.; Nellie nash, U. S. N. R. F., University Hospital, Va. Det., U. S. Naval Hospital, Norfolk, Va.; Lillian R. Cornelius, U. S. N. R. F., N. Y. City Hospital Det., U. S. Naval Hospital, Philadelphia, Pa.; Gladys Jolliffe, Lydia Koonst, Annie Leighton, Nora B. Limberg, Chloe Longhead, Marguerite MacAnally, Ruby I. McLean, Grace A. McIntosh, Kathleen O. Mahl, Helen Pearson, Lydia E. Schkade, Estella R. Sollars, May Strain, Anastasia Volin, Adah M. Watson, Los Angeles; Anna E. Mears, Springfield, Mass.; Helen S. Wood, Pasadena.

For duty with Base Hospital No. 2, organized around the Lane Hospital, San Francisco, Cal., by the superintendent Miss Elizabeth Hogue (Miss Hogue is an alumnus of the California Hospital), who accompanied the unit as chief nurse; Elizabeth Lou Adams, Mary Evelyn McClure, Ethel A. McGinnis, Wilhelmina Miller, Marion M. Smith, Fresno; Inez I. Agee, Hazel G. Bruner, Berthleen Caldwell, Hazel E. Cookson, Jessie G. Coon, Una Ellen Daniel, Clara N. Gordon, Ruth L. Jayden, Elizabeth Hogue, M. Marcella Leonard, Nellie R. Flynn, H. Muriel Kelham, Caltha A. McCauseland, Lucile P. Matignon, Edna R. Myers, Sadie G. Owings, Eloise E. Provines, Harriet M. Yates, M. Theresa McGeehan, Grace M. McIntyre, Marian MacMillan (oath not returned), Daisy E. Moore, Ruth C. Moore, Ruth A. Overton, Effie E. Perkins, Estelle M. Pinkiert, Edith H. Smith, Florence E. Sperry, Frances P. Sumner, Alyce G. Thorndyke, Mary R. Walsh, Florence E. Widner, San Francisco; Christine M. Brown, Edith May Lyon, Mary Bolton Post, Palo Alta, Cal.; Minnie Brown, Chico, Cal.; Goldie E. Donham, San Jose, Cal.; Frances Douglas, San Miguel, Cal.; Maude Edwards. Gertrude F. Wilkens, Alameda, Cal.; Nettie E. Johnston, Reno, Nev.; Rae M. DuVander, Eliza Ann Tanner, Margaret Rued, Santa Rosa, Cal.; Pauline M. Faust, Chicago, Ill.; Ida May Berringer, Oaklaud, Cal.; Estelle M. Missner, Lincoln, Cal.; Millie Irene Morrow, Berkeley, Cal.; Yvette G. Bisset, U. S. N. R. F., St. Luke's Hospital Det., San Francisco; Clara Gill, U. S. N. R. F., St. Luke's Hospital Det., San Francisco; Sara C. Johnston, U. S. N. R. F., Orange Memorial Hospital, Det., Orange, N. J.; Philadelphia, Pa., Cecelia Jones U. S. N. R. F., St. Luke's Hospital, Det., San Francisco, McCloud, Cal.

"LENAH S. HIGBEE,
"Superintendent, Navy Nurse Corp,
Washington, D. C."

Since the above appeared Miss Ester Biaggini of San Luis Obispo, an alumnus of the California Hospital, has been admitted to Unit No. 3. Miss Biaggini since her graduation, has been at the head of a hospital at San Luis Obispo. Besides being an excellent nurse she speaks four languages which will make her services invaluable in France. More recently an Army Base Hospital unit has been organized by Miss McFarland at the Good Samaritan Hospital, Los Angeles.

EDITORIAL NOTES

Clemenceau, the French premier, is a physician and philosopher.

Dr. B. C. Davies of Monrovia has received his commission as captain in the Medical Reserve Corps.

Dr. Chas. E. Ide of Redlands has recently received his commission as captain in the Medical Reserve Corps.

Dr. Thomas C. Myers of Los Angeles, whose offices are at the corner of 15th and Figueroa streets, is organizing Base Hospital 102 for service on the Italian front.

Dr. Raymond B. Mixsell of Pasadena has arrived safely in France, where he is serving as surgeon in the Red Cross Hospital. Dr. Mixsell before leaving had received his commission as captain.

Dr. Robert M. Dodsworth of Long Beach, who entered the service immediately after America entered the war, has recently been promoted to be major. Major Dodsworth graduated from Yale in 1891.

Dr. Ada Morton of San Jose, recently secured a divorce from her husband, Dr. Andrew W. Morton, of San Francisco. Previous to her marriage to Dr. Morton, Dr. Ada obtained a divorce from Dr. A. W. Connor.

Dr. F. F. Abbott has purchased the practice and home of Dr. C. A. Warmer in Ontario. Dr. Abbott is a graduate of Jefferson Medical College. Dr. Warmer is now doing service in the Medical Department of the Army.

Dr. C. W. Decker is the first Los Angeles surgeon to be given the commission of Lieutenant-Colonel. He is worthy of the promotion. Col. Decker is now commander of the sanitary training school at Camp Kearny.

Dr. G. A. Fielding, a prominent practitioner of Sawtelle and Santa Monica, formerly resident physician of the California Hospital, is now in service at Ft. Bowie, Texas. Dr. Fielding is captain in the Medical Reserve Corps of the Army.

Dr. F. Dudley Tait of San Francisco, for a long time member of the State Board of Medical Examiners, died on February 26, 1918, of heart failure. Dr. Tait was a graduate of the University of Paris and was noted for his scholastic accomplishments.

Dr. Robt. B. Hill, pathologist and bacteriologist for Drs. Moore, Moore and White, has enlisted and responded to government orders, to do special work in the Letterman Hospital. Dr. Hill was in Panama in the government service for three years before he came to Los Angeles five years ago.

Dr. N. C. Dunsmoor, probably the most prominent woman physician in Los Angeles, has associated with her in her offices in the Garland Building, her son, Dr. Robert Dunsmoor; while her husband, Dr. J. M. Dunsmoor, has his offices in the Stimson Building, and devotes himself to a great extent to Masonic relief work.

Dr. Frank Webster Thomas, Starling Medical College, class 1880, age 64, died at Claremont, Cal., on December 12. Dr. Thomas was one of the leading practitioners of Pomona, Claremont and all that section of Southern California. He was universally respected by the medical profession and his absence at the meetings of the Southern California Medical Society will be sorely felt.

The sudden death of Dr. J. W. Shaul was a shock to many friends. Dr. Shaul was a graduate from the Buffalo Medical School and was on the staff of the University of California, Post Graduate School. He leaves a widow and a daughter. Dr. Shaul had been in Los Angeles but a few years but had gained

an extensive practice in his specialty, the eye and ear. He was 45 years of age; a fine-looking man, in the prime of health and life, and was held in high esteem by all who knew him. He was cranking his automobile when he felt a severe pain; was taken into his home and died forty-five minutes later.

The Los Angeles County Medical Association at its meeting of January 28 elected the following new members: Dr. W. Fred Stahl, 303 Investment Bldg., Los Angeles; Dr. C. C. Cottle, 1408 Victoria Ave., Los Angeles, Cal.; Dr. George Piness, 1005 Brockman Bldg., Los Angeles; Dr. George T. Boyd, 1414 Los Palmas ave., Hollywood, Cal.; Dr. J. W. Stone, Cordova Hotel, Los Angeles; Dr. Arthur L. Grover, 516 E. Washington St., Los Angeles; Dr. A. Gertrude Wolferman, 126 N. Ditman, Los Angeles; Dr. Nettie Hammond, 924 Black Bldg., Los Angeles; Dr. Julia Riddle, 531 Consolidated Realty Bldg., Los Angeles.; Dr. C. C. Snyder, 1026 Marsh-Strong Bldg., Los Angeles; Dr. Barney E. Coleman, 515 Investment Bldg., Los Angeles.

MISCELLANEOUS

THE ARMY AND NAVY.

Among the latest assignments of Los Angeles men to the Army and Navy are the following:

Thos. G. McDonald, U. S. N. R. F. 8th Naval District, Building No. 1, New Orleans. Dr. McDonald was enlisted and was ordered away before he had completed his interneship at the California Hospital.

Capt. Daniel W. Humfreyville ordered to Alcatraz, Cal., U. S. Disciplinary barracks, for duty.

Lieut. Lloyd R. Mace, Hollywood, Los Angeles, to Base Hospital, Camp Cody, Deming, New Mexico.

Lieut. John H. Bryer to Camp Kearny, Linda Vista, California; Base Hospital.

Capt. John Carling of Camp Lewis, American Lake, Wash., Orthopedic Surgeon, to Camp Sheridan, Montgomery, Alabama, for duty.

Lieut. Ray A. Carter of Los Angeles to Chicago, Ill., Presbyterian Hospital, for instruction; and on completion, to Camp Taylor, Louisville, Ky., Base Hospital.

Lieut. John C. Irwin, Los Angeles, to Fort Mason, California, for duty.

Lieut. Homer C. Seaver, Pomona, Los Angeles County, to Ft. Riley for instruction.

Lieut. Joseph Saylin, San Gabriel, Los Angeles County. Dr. Saylin was acting as substitute interne at the California Hospital at the time he was called. He was ordered to Ft. Riley, Kansas, in the X-Ray Dept.

To Los Angeles for instruction, Lieut. Joseph Kavanagh of Los Angeles.

To report to the Commanding General, Western Department, for assignment to duty, Lieut. Leo V. Rosenthal, Duarte, Los Angeles County, Cal.

Major C. W. Decker, promoted to Lieutenant-Colonel, and appointed Commandant of the School for Sanitary Instruction at Camp Kearny.

REHABILITATION OF THE DISABLED.

The vocational and educational problems involved in the rehabilitation of disabled soldiers and sailors are analyzed and discussed by the Federal Board for Vocational Education in Senate Document 167, just published under the title, "Rehabilitation of Disabled Soldiers and Sailors—Training of Teachers for Occupational Therapy."

Emphasis is placed on the immediate and pressing demand for the training of teachers of occupational therapy to take care of the handicapped men on their return from France. It is esti-

mated that for every 1,000,000 men overseas, a minimum of 1200 teachers will be needed. What must be the qualifications of these teachers in view of the experience of the belligerent countries; how they may be trained; what problems are to be met; and how they are to be met in the course of vocational rehabilitation; the social and economic aspects of rehabilitation; and the need for a national system for the rehabilitation of the maimed and crippled in industry as well as in war, are the main topics of the bulletin. The document is written by Elizabeth G. Upham, under the direction of Charles H. Winslow, assistant director for research of the Federal board.

The emergency program outlined in the report is summarized as follows:

The returned disabled men are divided into four classes: 1, those who are permanently invalided; 2, those who are able to work, but cannot engage in competitive occupations; 3, those who must learn new occupations in the light of their handicaps; 4, those who are able to return to their former occupations. About 80 per cent. of all the disabled fall into the fourth group, and about 20 per cent. into the third group. The first two groups are relatively small.

For group 1 the treatment prescribed is "invalid occupations," which are occupations that help pass the time and save the patient from brooding. For group 2, those who will in all probability be unable to compete in any line of work, simple occupations are prescribed to be carried on under the guidance of occupational theraputists. Such occupations as wicker furniture-making, chair-caning, toy-making and semi-trades, will be taught these men.

For the 20 per cent. who must learn new occupations a more elaborate course of rehabilitation is suggested. This will include simple occupations such as are taught to the men of the second group, followed by courses in general education wherever necessary and followed in turn by prevocational education, that is to say, elementary vocational education; and, lastly, by vocational education in whatever line is best adapted to the qualifications and handicap of the man.

A similar curriculum is proposed for the 80 per cent. who will probably be able to return to their old occupations. Under the lead of the occupational theraputist the patient will be gradually taught simple occupations, his general education will be "brushed up" and the deficiencies supplied, and he will be re-educated so as to resume his former trade in spite of his handicap.

The Federal board presents in this bulletin an outline of an emergency course covering eight weeks for the training of teachers to handle all four groups of disabled men. It is expected that a fraction of the disabled men themselves will serve as instructors. Nurses and teachers of arts and crafts will be available for the invalid occupation work; trained and selected women of education with previous experience in the arts, crafts and the "semi-trades" will be drawn on to teach simple occupations to group 2. In addition to these, there will be need in groups 3 and 4 of vocational teachers, preferably men, and men and women teachers, in general education subjects, instructors in manual training, commercial subjects, mechanical drawing, drafting, etc. Teachers of each group should have had practical experience in hospitals or institutions, and it is recommended that teachers in groups 3 and 4 should have experience in the same line of work in the military hospitals of Canada.

That every dollar invested by the government in the vocational rehabilitation of disabled soldiers and sailors will bring handsome returns in national efficiency is maintained in the report. "If the war should finally end in economic exhaustion," says the report, "that nation will ultimately triumph which is best able to use over again her

men. It is claimed that Germany uses 85 to 90 per cent. of her disabled men back of the lines, and that the majority of the remaining 10 to 15 per cent. are entirely self-supporting. Belgium, whose depletion has been the greatest, was the first nation successfully to use over again her men.' Not only has the large Belgium re-education center of Port Villez been self-supporting, but in addition it has paid back to the Belgian government the entire capital cost of installation.

"Economic necessity has made possible the results achieved in Belgium. For the other nations not so hard pressed the rehabilitation of the disabled and the strengthening of the vitality of the civil population may be an important and perhaps a determining point in their economic future. . . . It is certain that our own economic future depends to a large extent upon the rehabilitation of those disabled both in war and industry."

The bulletin discusses at length the possibilities of development of occupational therapy and the equipment needed for all the groups described. Suggested blanks for keeping the records in the curative workshops and for hospital registration are included.

AN ENORMOUSLY POWERFUL GERMICIDE.

Germicidal Soap Mild (P. D. & Co.,) which contains 1 per cent. of mercuric iodide, has a carbolic-acid coefficient of 30. In other words, this soap (not the mercuric iodide it contains) as a germicide is 30 times as active as pure carbolic acid. Pure carbolic acid is 20 times as active as the carbolic solution usually employed (5 per cent.;) so Germicidal Soap, 1 per cent., is 30x20 or 600 times as active as a 5-per-cent. solution of carbolic acid. A rich lather will contain 1 per cent. of Germicidal Soap—which is therefore 6 times as active as 5 per cent. carbolic or equal to 30 per cent. carbolic. Yet Germicidal Soap does not irritate the skin or injure steel or nickel.

Germicidal Soap is useful in every department of medical practice. In obstetrics and gynecology it is a valuable antiseptic, deodorant and lubricant for the examining finger or instrument. In surgery it is an admirable general disinfectant; it can be used to prepare antiseptic solutions without measuring, weighing or waste. In office practice it is useful as a disinfectant for the hands after examinations and in treatment of parasitic diseases. It is serviceable in cleansing minor wounds; as a deodorant in cases of hyperidrosis with offensive odor; for cleansing the scalp and checking dandruff. It may be used as a shaving soap by patients having sycosis, and in the treatment of pustular acne and furuncles it may be applied freely to prevent a spread of the infection. Vaginal douches prepared from it are less irritating than those containing mercuric chloride, and have the added advantage of the detergent effect of the soap.

The soap is marketed in two strengths: Germicidal Soap 2 per cent., containing 2 per cent. of mercuric iodide; Germicidal Soap Mild, containing 1 per cent. of mercuric iodide. The 2 per cent. soap is recommended only when an exceptionally strong disinfectant is needed.

HELP OUR BOYS.

February 17, 1918.

To the Los Angeles County Medical Society:

Fellow Members:—

I wish to submit the following plan, which is working successfully elsewhere, for assisting our members who have gone to the front.

First. That every man in the service be paid a sum equivalent to the pay of a captain; the difference between that and his government pay being contributed by us.

Second. That the sum of ten dollars

monthly be paid to the family for the first dependent child, and seven and a half dollars for each of his other dependent children.

Third. That a government insurance policy for $10,000.00, costing about $8.00 a month, be purchased for every man in the service during the period of the war.

The necessary fund to meet these payments to be provided by voluntary contributions of monthly sums by the members at home. Let a contract be entered into with each man at home permitting him to subscribe such monthly sum as he will agree to. This to be retained in a general fund, out of which the above expenses are to be met.

Where this scheme has been tried out elsewhere they are actually getting ahead, the funds coming in faster than they need to be paid out.

This permits the retired man to subscribe, the old busy fellow to do his part, as well as the young man who cannot or will not go, and does not force money out of anybody.

I am reliably informed that our present scheme for assisting our men at the front is not a success.

Respectfully submitted,

CPT-K C. P. THOMAS.

Many months ago, writes Leonard Williams in the "Practitioner," London, a friend said to me, "How do you treat pneumonia?" Having never completely divested myself of my truculent mid-Victorian training, I replied, "With Faith, Hope and Charity. Faith, in the medicatrix naturae, Hope for the absence of complications, and Charity with those who differ from me."

"You don't give Digitalis?" "No."

"Nor Calcium?" "Neither."

"Not even thyroid?" "Animal farceur!"

"And you make no local applications to the chest wall?" "Never."

"Then you are wrong. "Listen."

And, being a willing listener, I listened. Some twenty years ago he had seen much hospital work in Paris. At that time in the treatment of Pneumonia the practice of many of the French physicians was to blister the affected side, and he had satisfied himself that the cases thus treated did better than those in which the blistering was omitted, and he adopted the practice in England. After a time, however, largely on account of the objections urged by the patients and their friends to the pain and discomfort produced by the blisters, he rather reluctantly ceased to apply them and reverted to the "expectant" method in which he had been nurtured. Time went by, and one day he received an advertisement of a preparation known as Antiphlogistine, for which it was claimed that when applied to the affected side in Pneumonia, either lobar or catarrhal, it had the effect of reducing the temperature, slowing the pulse-rate and promoting sleep without any additional treatment. With the memory of his blistering days full upon him, he decided to give it a trial. His experiences were such as to give him encouragement, and to bring him near to believing that not all men, not even all American advertisers, were necessarily liars. . . .

I decided to turn my attention to the claims of Antiphlogistine, which up to that time I confess to having regarded merely in the light of a convenient form of poultice, locally dehydrating, decongestioning and comforting, but probably innocent of any effect upon pulse rates and temperatures. Here again, one case in the history of my conversion must suffice.

In November of last year a young Belgian of 20 years was admitted into the French hospital with a temperature of 104 deg., a quick bounding pulse, slight cough and severe pain in the left side. On admission physical

examination was negative. The following day his nose bled, but neither I nor the resident—an experienced Belgian doctor—could detect any signs in the chest. That night he was delirious and coughed a great deal. On the following day he voided some sticky sputum, which was typically rusty, and developed labial herpes. Physical examination now revealed the classical dullness and tubular breathing over the lower lobe of the left lung, for which I had been looking. His temperature was 105 deg. At about 4 p.m. a gamgee jacket thickly spread with Antiphlogistine was applied over the whole chest. The following morning his temperature was normal.

Now, I do not pretend to explain these happenings; for the benefit of the open-minded, I content myself with recording them. The clinician must protect himself against the sneers of the laboratorist. That we are unable to follow the processes by which a healing measure produces its effect is a sorry reason for discarding it. The search for a scientific explanation is a laudable and, academically, an interesting adventure, but in practice it is but a sleeveless errand. Trosseau, probably the greatest clinician of any time, has expressed in characteristically simple words the only position proper for us to adopt: "Je ne vois en therapeutique que deux choses: le medicament applique a l'organisme, et le resultant eliogne de cette application. Quant aux phenomenes intermediares, ils nous echappent, et nous echapperont probablement toujours." Who can explain the process by which digitalis works its wonders, and what advantageth him who can?

DIAPER RASH.

The irritated conditions which are so frequently observed around the genitals and buttocks of young infants are particularly amenable to the soothing action of K-Y Lubricating Jelly. Of course, the digestive organs of the little sufferer must be interrogated, its diet corrected if necessary, and proper care given to changing the diapers and cleansing the parts. If in addition to attending to these matters K-Y Lubricating Jelly is used after each bath and whenever the diapers are changed, the distressing rash and excoriations which are so often responsible for the fretting and restlessness of young infants, can be relieved and avoided in the majority of instances. K-Y Lubricating Jelly is absolutely harmless and has the great advantage that it never stains or soils the clothing or bed linen. It is emollient, detergent and healing.

For samples address Johnson & Johnson, Van Horn & Sawtell, Dept. 15, 17 East 40th Street, New York City.

SOUTHERN CALIFORNIA PRACTITIONER.

Vol. XXXIII. LOS ANGELES, APRIL, 1918 No. 4

REINFORCING THYROID EXTRACT.

BY HENRY R. HARROWER, M.D., F.R.S.M. (LOND.), LOS ANGELES, CAL.

During the past few years the administration of desiccated thyroid gland has attained widespread popularity as a means of controlling many symptoms in some direct or remote way referable to the thyroid gland.

Much of this vogue is based upon sound physiology and more of it is purely empirical. Despite this the results of the "unscientific" use of thyroid sometimes equal or even excel those due to its "scientific" administration; and the present popularity of organotherapy and particularly the use of the thyroid principle, is not likely to diminish.

It is not my intention in this brief paper to outline the clinical indications for thyroid therapy, but rather to direct attention to a means of making it more efficient. We know that most of the clinical indications are intimately connected with defective metabolism. In fact, the real reasons for giving this remedy are: (1) Because it stimulates the thyroid apparatus on the fundamental principle of homostimulation*; (2) because increased thyroid activity means enhanced cell chemistry—better oxidation, elimination and cell activity generally; and (3) because the control of defective cell chemistry is the basis of the treatment of all chronic diseases.

Now this subject of metabolic disorder is not entirely concerned with thyroid function. It is also very intimately related to the saline (alkaline) content of the blood and its capacity to carry food and wastes to and from the remote parts of the body. The normal cell exchanges are dependent upon a constant blood alkalinity and any condition which robs the system of its salts—"demineralization," as the French term it—is of extreme clinical importance.

Briefly, then, every case legitimately in need of thyroid extract is suffering from mineral starvation. The reasons

*The underlying basis for the administration of animal extracts is embodied in what is called Hallion's Law. This is as follows: "Extracts of an organ exert on the same organ an exciting influence which lasts for a longer or shorter time. When the organ is insufficient, it is conceivable that this influence augments its action, and, when it is injured, that it favors its restoration." This is a generally accepted axiom and it must be remembered that when one gives a gland extract the principal activity is not so much that of the actual substance administered, but rather is due to the augmented endocrine action which is thus stimulated.

are quite clear and may be recapitulated: First, subthyroidism means retarded cell exchanges—deficient metabolism. This, in turn, means the concentration of a greater amount of wastes and, since these effete products are virtually all of an acid nature, the alkalies of the blood are depleted as a result of the body's natural effort to maintain the physiological alkali level. This hypoalkalinity—sometimes called acidemia or, when it reaches a serious stage, acidosis—is indeed an important factor in our clinical study of any case, acute or chronic, endocrine or otherwise.

To recapitulate: Hypothyroidism means suboxidation; suboxidation means toxemia; toxemia means hypoalkalinity and hypoalkalinity means demineralization. Or, still more briefly: **Hypothyroidism means mineral starvation.**

Ten years ago I did some work on the alkalinity of the blood as reflected in the urinary acid index*, and to facilitate the more convenient application of this in general practice I devised an acidimeter* which has had a wide distribution and is now used by thousands of physicians. In the past 7 or 8 years, since I have become particularly interested in the internal secretions, I have been reminded times without number of the value of this simple test; and I use it as a routine and usually find most subthyroid cases with a high urinary acid index (50 to 75 or more degrees, where the normal should be 30 to 40) and the total solids low.

The correction of this ultimate condition is just as rational as the augmentation of the deficient endocrine secretion which caused it. In other words thyroid extract **per se** is not the complete treatment. Alkalies are excellent adjuvants or, better still, one should make a definite attempt to replace the body's reserve of mobile mineral elements.

We have seen that demineralization is a deficiency in the minerals necessary to proper metabolism and, likewise, that remineralization is the attempt to supply this lack. Remineralization should be the rule in all chronic diseases, and especially those which involve metabolism and nutrition. I do not need to enumerate them by name, but in this category those disorders ordinarily treated with thyroid most certainly deserve to be classed.

I reinforce thyroid extract with a combination of salts which quite closely follows the analysis of the saline content of the blood serum: Sodium chloride, sodium carbonate, potassium carbonate, calcium phosphate and magnesium phosphate. Theoretically this is a rational addition to thyroid and practically it works out very well indeed. I have heard it said that these minerals are not acceptable to the organism and are passed through the kidneys without change. Possibly; but in this instance they spare the minerals already in proper solution and, combining with the wastes, permit the blood alkalinity and its dependent physiological powers to remain more nearly normal. This is observed both by analysis of the blood alkalinity or the urinary acidity, and usually the patient observes it too, for the clinical benefit is often marked.

The physician who is interested in dietetics knows very well that many of the natural mineral salts in grains and vegetables are thrown away as a result of the ordinary methods of cooking. It is well to remember this and try to modify the intake of salt bearing foods and, as has been suggested above, to offer the system a supply of mineral salts with the other indicated medication.

Ordinarily I prescribe one-eighth to one-half a grain of the U.S.P. thyroid, three times a day and combine each dose with about five grains of the saline combination already mentioned.

Baker-Detwiler Bldg.

SOUTHERN CALIFORNIA PRACTITIONER.

A MEDICAL, CLIMATOLOGICAL AND SOCIOLOGICAL MONTHLY MAGAZINE.

This journal endeavors to mirror the progress of the profession of California and Arizona.

Established in 1886 by Walter Lindley, M.D., LL.D.
DR. GEORGE E. MALSBARY, Editor and Publisher.

Associate Editors,
Dr. Walter Lindley, Dr. W. W. Watkins, Dr. Ross Moore, Dr. George L. Cole, Dr. Cecil E. Reynolds, Dr. William A. Edwards, Dr. Andrew W. Morton, Dr. H. D'Arcy Power, Dr. B. J. O'Neill, Dr. C. G. Stivers, Dr. Olga McNeile, Dr. W. H. Dudley, Dr. J. M. Mathews.

Address all communications and manuscripts to
EDITOR SOUTHERN CALIFORNIA PRACTITIONER,
Subscription Price, per annum, $2.00. 1414 South Hope Street, Los Angeles, Cal.

EDITORIAL

DR. LINDLEY RECOVERING.

The many friends of Dr. Walter Lindley will rejoice to know that he is recovering from the operation performed on the fourteenth of this month. The Doctor has been a leading spirit among medical men in this region for years, and probably no physician has more friends in the profession. There will be general rejoicing when he has fully recovered.

WHAT ARE YOU DOING?

This query in various forms is being put as never before. Every true American has searched his heart and is ready to place his all upon the national altar.

The great principle at stake in the European war is, shall the autocracy of the German Empire dominate the world's affairs? German domination of the world's affairs means interference with American progress, means a substitution of military autocracy for our present democracy of the people. It means German domination and interference with American affairs which means diminution of business, interference with business and radical harm to every American man, woman and child through the pay envelope.

Everything must be done by Americans to prevent the Germans winning. If necessary it would be money made by Americans for them to close up their business and devote every penny of resources to the conduct of the war, for while there would be a temporary loss, that loss would be nothing in comparison with the continuous loss that would follow if Germany won the war and dominated our affairs.

INSTRUMENTS, ETC.

Have you some instruments you do not need? Or would you like to look over some second-hand instruments to see if there is anything you could use? Your opportunity to do good in either event may be found by calling at the headquarters of the Red Cross, Tenth and Main streets. Ask for Mrs. Carlin, of the Salvage Department. Or telephone 5826. Thank you.

STATE ACCIDENT AND HEALTH INSURANCE, ET AL.

We have been asked frequently of late what we think of these matters.

Frankly, the general propositions submitted and many of the arguments are very attractive—with the possible exception of the "et al." We would like the opinions of our readers, and whatever first-hand information they may be able to give us. It is not quite clear to us why all this work should be done by a limited number of men, a very small percentage of the profession of the State. It would seem that there is the possibility of a subtle Thing sometimes miscalled politics, that may lead the medical profession as a whole to become averse to what might be very beneficial legislation.

EDITORIAL NOTES

Dr. C. G. Stivers, of our editorial staff, has been transferred to North Island, San Diego, for work in connection with the Aviation section of the Signal Corps. His officer's uniform seems to fit him very well, thank you.

Dr. W. A. Weldon, formerly of San Pedro, now has offices at 240 Stockton St., San Francisco.

Dr. T. F. Taylor, who recently took a post-graduate course in New York City, has located in Inglewood.

Dr. Mona E. Betten is physician in charge of the Los Feliz Hospital for specific diseases of women.

Dr. G. B. Worthington of San Diego has received his commission as captain in the Army Medical Reserve Corps.

Dr. Harriett Probasco is now in charge of the examining of women prisoners at the Los Angeles city jail.

Dr. John Carling of Los Angeles recently received his commission as Captain and has been assigned to Camp Lewis.

Dr. L. F. Luckie of Los Angeles, now stationed at Kelly Field, San Antonio, has recently been promoted to the rank of Major.

Dr. Thomas B. Cunnane of the Los Angeles County Hospital has received his commission as First Lieutenant in the Medical Reserve Corps.

Dr. Lasher Hart, who had received his commission as Captain in the Army, has been called to the service and stationed at Ft. Sill, Oklahoma.

Dr. Alice G. H. Anderson has been appointed head of the Medical Department, Woman's Division, of the State Hospital for the insane at Patton.

Dr. H. W. Mills of San Bernardino has received his commission as captain in the Medical Reserve Corps. He recently lost a brother at the Front.

Dr. James Jackson of Coronado recently received his commission as Captain in the Army Medical Reserve Corps and his first assignment was to Fort MacArthur.

Dr. O. M. Hanah, the only practicing physician in Lamanda Park, Pasadena, has received his commission as Lieutenant, and has been called to join the colors in San Francisco.

Dr. W. H. Kellogg, secretary of the State Board of Health, is urging universal vaccination to prevent measles of all varieties. He says there have been 10,000 cases of measles in California since January first, 1918.

Dr. H. Wickett of Fullerton has received his commission as Captain and been assigned to Camp Sheridan, Montgomery, Ala. Dr. Wickett is a graduate of the Medical Department of the University of Southern California, class of 1917.

The Medical Advisory Board, which acts as a final clearance house for the Exemption Board, have removed their

offices from the Los Angeles County Hospital to the Graves Memorial Dispensary, 737 N. Broadway, where they meet on each Tuesday from 10 a.m. to 2 p.m.

Dr. Charles H. Lowell, so long surgeon in charge of the U. S. Navy Recruiting Station in Los Angeles, now has offices for general practice 933 Title Insurance Bldg., Los Angeles. The doctor is an able man and will be welcomed by the practitioners of Southern California.

Dr. John Sunney, surgeon of the Civil War, who had charge of the Northern wounded during General Earley's raid on Port Royal in his drive towards Washington in 1865, died of apoplexy at the home of his daughter in Los Angeles on March 13, 1918. He was eighty years old.

Dr. Gladys Emalie Patric of Los Angeles has been appointed a member of the Rockefellow Commission. She has left for New York City on her way to France, where she will be identified with a drive which is being inaugurated against tuberculosis by the Allied armies of Europe.

Dr. Patric is a graduate of the Medical Department of the University of Southern California, class of 1912.

The Board of Supervisors of Riverside county have turned the present woman's building into a ward for diseased prostitutes. Present occupants are to be removed to other parts of the hospital, and a fence 10 feet high will be built to shut off the structure from the surrounding world.

Dr. Olaf Sohlburg, well known St. Paul physician, died on March 6th as he sat in the smoking section of a parlor car en route to San Francisco from Los Angeles. Dr. Sohlburg was accompanied by his wife and daughter. They were expecting to remain some time in California for the benefit of the doctor's health.

The State Bureau in charge of the State Compensation Insurance Fund state that hereafter all in Los Angeles taking the benefit of this fund shall go to one of the following medical men. General surgeons: Dr. E. J. Cook, Dr. B. M. Frees, Dr. J. R. French, Dr. E. H. Garrett, Dr. M. G. Kahn, Dr. E. W. Littlefield, Dr. H. G. McNeil, Dr. W. R. Molony, Dr. C. E. Phillips, Dr. E. E. Sherrard, Dr. K. R. Sleeper and Dr. P. H. Stephens. Eye specialists: Dr. George H. Kress, Dr. George McCoy and Dr. Thomas McCoy.

It is stated that it is intended to gradually enlarge this list.

The Los Angeles County Medical Association at the meeting March 12, 1918, elected the following new members: Dr. Percy T. Magan, 1808 New Jersey street, Los Angeles; Dr. Harry A. Barclay, box 161, Culver City, Cal; Dr. J. Mark Lacey, 1100 Mission Road, Los Angeles; Dr. Louis H. Jackson, 1144 West 18th St., Los Angeles; Dr. Geo. H. Roth, 115 Normal Hill Center, Los Angeles; Dr. Charles M. Graham, Inglewood, Cal.; Dr. Laurence R. Linhart, 5533 Romaine St., Los Angeles; Dr. Walter M. Hollerau, Broadway Central Bldg., Los Angeles; Dr. Howard L. Moffatt, 1018 Brockman Bldg.; Dr. Walter Bayley, 1216 W. 48th St. P. and S., U. S. C., 1905; Dr. Andrew Bonthius, 303 Dodsworth Bldg., Pasadena; Dr. L. L. Truax, 418 Investment Bldg.

Twenty-eight women physicians of Los Angeles county have already signified their intention of joining in the work of a new war organization to be known as the American Women's Hospitals, which expects to launch a campaign for a fund of $300,000 for the building and equipment of a base hospital in Los Angeles. Among these twenty-eight women alone $500 has already been raised at one session of the club, and the campaign has not been formally begun as yet. So that

these medical women are most hopeful of great accomplishments and usefulness.

This American Women's Hospitals is a branch of the Medical Women's National Association and is patterned after the Scottish Women's Hospitals, which has done such valiant service in the war.

Officers of the Medical Reserve Corps from Los Angeles county, California, have received the following assignments:

To Camp Fremont, Palo Alto, Cal., Base Hospital, Capt. James T. Fisher of Los Angeles.

To Camp Kearny, Linda Vista, Cal., Capt. Lewis, Dr. Remington of Monrovia.

To Ft. Des Moines, Iowa, Capt. Wm. J. Chambers of Los Angeles.

To Ft. Riley for instructions, Lieut. Earl L. Lupton of Los Angeles.

To Newport News, Virginia, Capt. Wm. W. Roblee of Riverside.

To San Diego, Cal., Rockwell Field, Aviation Section, Signal Corps, Lieut. Francis X. Amman, Jr., and Lieut. Milton D. W. Jeffs, both of Los Angeles.

Honorably discharged on account of physical disability, existing prior to entrance into the service, Lieut. Earnest P. Woodward of Los Angeles.

The following orders to officers of the Medical Corps and of the Medical Corps of the National Army for men from Southern California are announced.

To Camp Doniphan, Ft. Sill, Okla., Base Hospital, Lieut. Benjamin E. Merrill of Santa Paula, Ventura county.

To Camp Fremont, Palo Alto, Cal., Base Hospital, Capt. Fred P. Bowen, Los Angeles. Capt. Chas. W. Harrison, Loma Linda. Capts. Winfield L. Bartow and Arthur L. Pete, Los Angeles.

To Camp Kearny, Linda Vista, Cal., as members of a Board of Medical Officers to examine the command for tuberculosis, Capt. Chas. E. Ide of Redlands, Lieut. Otto D. Chanley of Los Angeles, Lieut. Frank J. Tillman of Oxnard, Lieut. Robert K. Macklin of Pasadena.

To Camp Lewis, American Lake, Wash., Base Hospital, Lieut. Wallas A. Reed of Covina, Los Angeles county.

To Ft. Riley for instruction, Lieuts. Angus A. MacLennan, Frank A. Woodward and John P. Jones, all of Los Angeles.

To Los Angeles, Cal., Camp Arcadia for duty, Capt. Arthur N. Bobbitt of San Diego, Cal.

To Mineola, Long Island, N. Y., for duty, Capt. Joseph E. Grant, San Diego, Cal.

To report by wire to the commanding general, Western Department, for assignment to duty, Capt. Robert B. Dimond.

Honorably discharged on account of physical disability, existing prior to entrance into the service, Capts. Frank Dunlap of Brawley, Imperial county, and Jesse M. Burlew of Santa Ana, Orange county, Cal.

Plans for the County Hospital for tuberculous patients which will be erected one mile north of Fillmore in the San Fernando Valley, have been finished and work on the building will be started July 1st, 1918.

This institution will be established jointly by Los Angeles, Ventura and Santa Barbara counties. The estimated cost of the administration building and the first few wards is $101,000, but the Supervisors say that when the hospital is completed, with a capacity of 250 patients, it will represent an expenditure of $250,000.

Los Angeles recently purchased the 454-acre site, one mile north of Fillmore and against the foothills, for $12,300. Supervisor Dodge expressed the opinion yesterday that the land was secured at a ridiculously low figure. By arrangement with Los Angeles county, Santa Barbara county puts in $15,000 and Ventura county $11,000 toward the

cost of construction for the privilege of sending to the hospital their first and second-degree tubercular patients. In addition to their contribution toward the cost of the hospital, Ventura and Santa Barbara counties are to pay pro rata assessments for the care and treatment of patients at the joint hospital.

The hospital buildings will all be one-story structures, facing the south, with an abundance of ventilation and light. The administration and hospital building will be 300 feet long by about forty feet wide. The ward buildings will be of different sizes, set apart some distance, but built conveniently close to the main building. There will be a kitchen and dining-room of roomy dimensions. The position which the group of buildings will occupy on the side of the foothills will give the patients the benefit of nearly 1500 feet altitude.

BOOK REVIEWS

BINNIE'S REGIONAL SURGERY — A treatise on Regional Surgery, by various authors, edited by JOHN FAIRBAIRN BINNIE, A.M., C.M., F.A.C.S., Kansas City, Missouri. Volume III. With 521 illustrations. Philadelphia: P. Blakiston's Son & Co., Publishers, 1012 Walnut street.

This is the last volume of this treatise and deals with the surgery of the upper and lower extremities. In some respects this is the best volume of the series. The reviewer's opinion may be somewhat influenced by his belief in the importance of X-ray demonstrations of pathologic lesions, and the fact that this volume abounds in reproductions of excellent X-ray plates, illustrating pretty much the entire field of surgery of the extremities.

We are glad to note the statement of Dean Lewis, that "Tuberculosis in children tends to become localized and to undergo spontaneous cure." For that reason he advises conservative treatment in children, consisting of immobilization of the joint involved, the injection of ten per cent iodoform in glycerin, curettage of sinuses and the removal of necrotic tissue.

Lane contributes a section on fractures of the lower extremities. When the bone is too thin to hold screws and permit the use of a plate, other methods must be employed, such as the use of silver wire for suturing fragments to one another. It would be interesting to know his opinion of the work of Albee.

Binnie is to be sincerely congratulated on having so successfully completed this important treatise at a time when the surgeon is thinking more of war than of writing.

AN INTERNATIONAL SYSTEM OF OPHTHALMIC PRACTICE. Edited by WALTER L. PYLE, A.M., M.D., Philadelphia, Member of the American Ophthalmological Society.

MEDICAL OPHTHALMOLOGY. By ARNOLD KNAPP, M.D., Professor of Ophthalmology, Columbia University, Executive Surgeon Herman Knapp Memorial Eye Hospital. With thirty-two illustrations. Price $4.00 net. Philadelphia: P. Blakiston's Son & Co., Publishers, 1012 Walnut street. Copyrighted 1918.

This volume is of value to both the ophthalmologist and the general practitioner, who are interdependent in the treatment of the affections under discussion. The author has drawn freely from the authorative monographs in the Graefe-Saemisch-Hess Handbuch II Ed., particularly from the parts written by Uhthoff, Groenouw and Leber; also from Lewandowsky, Handbuch der Neurologie, the chapters of Henschen in particular, Wilbrand und Sanger, Neurologie des Auges, de Lapersonne et Cantonnet, Neurologie Oculaire and from the Transactions of the Ophthalmological Society of the United Kingdom.

It is an excellent monograph, covering the subject very satisfactorily within its limits of 509 pages. It is

well written and neatly bound. If we were to offer a criticism it would be that we regret there is not more expression of the opinions of the eminent author. For instance, in the discussion of the tuberculin treatment of tuberculosis of the eye, we are given to understand that the author recommends this form of therapy and has observed the best results in episcleritis and in retinal lesions. It would be interesting to know how good these results were, and also the results in corneal and conjunctival tuberculosis. We have been impressed with the value of tuberculin in lupus, which may involve the eyelids, conjunctiva and the lachrymal passages.

PROGRESSIVE MEDICINE. A quarterly digest of advances, discoveries and improvemennts in the medical and surgical sciences. Edited by HOBART AMORY HARE, M.D., assisted by LEIGHTON F. APPLEMAN, M.D. Volume IV. Published by Lea & Febiger, Philadelphia and New York. Price six dollars per annum.

In reviewing the progress which has been made in gastrointestinal diseases, it has become increasingly evident that the war has markedly inhibited research along these lines or absolutely prevented the transmission of journals from the countries at war. The German and French journals, with the exception of such organs as the Presse Medical and a few other representative journals of large circulation, have been almost completely cut off, while the special journals, such as the French Archives des Maladies de l'Appareil Digestif, and the German Archiv der Verdauungskrankheiten have been almost entirely shut off. It is probable that in those countries scientific work has been almost entirely arrested and the one conclusion seems to be that America must become the scientific leader after the war. In the past year the bulk of the literature pertaining to gastrointestinal problems emanated from this country, and with it comes the promise of excellent work all along the line.

This volume contains an excellent resume of the best recent literature on military surgery.

PROGRESSIVE MEDICINE. March, 1918. A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by HOBART AMORY HARE, M.D., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College, Philadelphia, assisted by LEIGHTON F. APPLEMAN, M.A., Instructor in Therapeutics, Jefferson Medical College. Lea & Febiger, Publishers, Philadelphia and New York. Six dollars per annum.

In the organization of the medical forces of the army the Surgeon-General has recognized a Head Section. Through the activity of this section two noteworthy things have been accomplished. Three schools in neurological surgery have been inauguated, in Chicago, New York and Philadelphia, where for a period of ten weeks the Medical Reserve Officers receive an intensive course of instruction in subjects dealing with gunshot wounds of the head, spine and peripheral nerves. Secondly, a book of reference on War Surgery of the Nervous System has been issued from the Surgeon-General's office. This book of 300 pages includes abstracts of practically all the important or available articles on the subject that have been published during the war, together with articles from standard works germane to the subject. It is a most valuable work of reference and should be available for every medical officer who may be called upon to deal with this particular field of surgery. Plans have been considered for the establishment of a special head hospital on the other side.

INTERNATIONAL CLINICS. A quarterly of illustrated clinical lectures and especially prepared original articles. Edited by H. R. MANDIS, M.D., Philadelphia. Volume I, Twenty-eighth Series. 1918. Published by J. B. Lippincott Company, Philadelphia and London. Price $2.50.

This volume is full of good reading. Our own Philip King Brown contributes an excellent article on the "Clinical

Manifestations of the Various Joint Affections and their Bearing on Diagnosis.'' It is replete with very good reproductions of radiographs made by Dr. Burnham, a master in the art of radiography. The International Clinics is always worth while.

THERAPEUTIC IMMUNIZATION. Theory and practice. By H. M. CROFTON, M.D., Lecturer in special pathology, University College, Dublin, etc. Philadelphia: P. Blakiston's Son & Co., Publishers, 1012 Walnut street. 1918. $2.50 net.

This book contains the lectures the author has delivered annually for the last seven years at University College. The volume contains nothing new, but is valuable especially for its clinical recommendations regarding the use of the vaccines in treatment.

STATE BOARD EXAMINATION QUESTIONS AND ANSWERS of the United States and Canada. Fifth edition. Altogether new matter. Every question answered in full. New York: William Wood & Company, Publishers. 1918.

This is a practical work giving authentic questions and authoritative answers in full that will prove helpful in preparing for state board examinations. It is reprinted from the Medical Record.

TRANSACTIONS OF THE AMERICAN CLIMATOLOGICAL AND CLINICAL ASSOCIATION. For the year 1917. Volume XXXIII.

The object of this Association is stated to be ''the Clinical Study of Disease, especially of the Respiratory and Circulatory Organs, and of Climatology and Hydrology.'' At the last meeting there was considerable discussion of the value of the X-ray in the diagnosis of diseases of the chest. Unfortunately, clinicians who are practically unfamiliar with the X-ray seem prone to underestimate its value and are at times decidedly acrimonious in their defense of the less efficient methods with which they are more familiar. It should be patent to any thinking and unbiased person that an extension of visualization beyond the surface of the body must increase very greatly the ability of the diagnostician. Referring to diagnosis of diseases of the chest, Pfahler, a man of ability both as a diagnostitian and roentgenologist, states that ''The X-ray will give evidence of disease within the chest: (1) Whenever there is any change in contour of the chest as a whole, or any part of the chest; (2) when there is any change in density of any portion of the chest, or any change in density of any organ within the chest; (3) evidence of disease will be demonstrable when there is any change in the movements of the organs within the chest.'' Of course, there are still some men who would prefer to grope around by the sense of touch rather than be guided by the sense of sight. And there will probably always be some men who will prefer darkness rather than light.

Annual Report of the SMITHSONIAN INSTITUTION. Showing the operation, expenditures and condition of the Institution for the year ending June 30, 1916.

Every American should be proud of the Smithsonian Institution, an American institution without a peer, that is doing very important work. This work should not be interrupted or impaired by the stress of the great war, but rather increased. The need of such an institution is possibly more real now than ever before.

COMPEND ON BACTERIOLOGY, including Pathogenic Protozoa. By ROBERT L. PITFIELD, M.D., Pathologist to the Germantown Hospital. Third edition. With 4 plates and 82 other illustrations. Philadelphia: P. Blakiston's Son & Co., Publishers, 1012 Walnut street. $1.25 net.

This is a member of Blackiston's well known Quiz compends. It is designed to serve the needs of the medical student preparing for examination, and for the practitioner of medicine who desires to acquaint himself with the principal facts of the rapidly growing science of bacteriology.

MISCELLANEOUS

ARSPHENAMINE TOXICITY.

The following letter has been received from the Hygienic Laboratory of the Public Health Service:

April 5, 1918.

"In view of the reports in current medical literature of untoward results from the use of arsphenamine and neoarsphenamine, I have to request that you give publicity to the statement that it is requested that samples of any lots of these arsenicals which have shown undue toxicity be forwarded to the Hygienic Laboratory for examination.

"In sending these samples it should be ascertained that the lot number is the same as that of the ampoules used on patients. The samples sent should, if possible, be accompanied by a brief note stating the approximate body weight and age of the patient, the dose and dilution of the drug given, the symptoms and result; that is, whether fatal or not."

(Signed) G. W. McCOY,
Director.

MUNYON—HARTMAN—AYER.

Three successful careers, or rather three careers which business esteems successful, came to a close within the past month when death claimed S. B. Hartman, James M. Munyon and Frederick Ayer, all of them manufacturers of widely known patent medicines.

Anent these deaths, the Evening Post of this city makes the following interesting observations on patent medicines:

Patent Medicines.

"Death has lately claimed two Americans whose works or whose name and physical presentment were intimately familiar to unnumbered millions of their countrymen. About a fortnight ago there passed away at Columbus one S. B. Hartman. He gave Peruna to civilization. On Sunday there died at Palm Beach one James M. Munyon, whose uplifted index finger had for its only rival in popularity the somewhat similar gesture of the Statute of Liberty in New York Harbor. It is not recorded that either of these men died of a broken heart, or that an autopsy would have revealed, inscribed on that organ, the words 'Pure Food Law.' Yet there is a certain tragic coincidence in the fact that the disappearance of these two men should have come at a time when prohibition is swarming over the top for the final charge. It is the climax of a campaign which began with the capture of the first-line trenches several years ago, when Peruna and its allies, the various Bitters, Malt Whiskies, Wines of Life and Reinforced Sarsaparillas were thrown definitely on the defensive or altogether swept out of existence. Another year or two and most of these giants of the advertising columns will be forgotten. Their fame was writ in equal parts of water and alcohol.

"Acute observers of American civilization, both foreign and domestic, used to dwell on the lust for patent medicines as an outstanding national trait. More properly it should be called an Anglo-Saxon trait. The most superficial study of English railway stations and London buses will demonstrate that passion for paper-wrapped tonics must have been brought over from England together with the language of Shakespeare and the principles of Magna Charta. It is still difficult for the foreign traveler, longing for his first glimpse of Magdalen Tower and the Bodleian, to determine whether he has really got off at Oxford or at a place called Horsley's Health Drops. Visitors bound for the Bank of England have let many an omnibus pass by under the impression that the latter were bound for Bovril or Eno's. The great classic

of patent medicines has been written by an Englishman, H. G. Wells, in 'Tono-Bungay,' incidentally the most humanly appealing of all the Wellsian books. An Anglo-Saxon trait, undoubtedly, with this conspicuous differentiation perhaps, that England has a preference for pills, while we concentrated on brown bottles. It is easy to imagine how the historical investigator of American social phenomena between 1870 and 1910, by applying the methods of the professional archaeologist in the Aegean and the valleys of the Nile and the Euphrates, will reconstruct out of our advertising columns an entire American mythology. Munyon the Health-giver for Apollo, Father Duffy for Aesculapius, Old Father John for Cheiron, Lydia Pinkham for Ceres the Nourishing Mother—these require no abrupt leap of the imagination. They all have about the same relation to reality and to the human will to believe.

"Today the bleak winds are howling across the fast-emptying seats of the patent Olympians. We cannot escape a sense of poignant regret which attaches to all Götterdammerungs. Like the art of the Greeks which sank with the disappearance of the bright gods, our own landscape art is bound to suffer. The Jersey meadows and the immemorial rocks along the route of the New York Central no longer blossom with the forms and visages of these demiurgic preservers and restorers of Life, Youth, Beauty, Hope, of these slayers of the dragons of rheumatism, asthma, sick headache, and that mysterious pain in the back when you get up in the morning. Their place is taken by a sordid civilization of patent fly screens and piano players. Yet, to quote a Königsberg philosopher recently favored by Imperial approval, this is but the shifting play of appearance. The reality remains. The passion for magic remedies is probably as strong in the heart of America today as it ever was in the days when innocent clergymen wondered why Peruna, after the preliminary 'kick,' left them with a greater discontent than ever. The difference is only that the patent remedy has passed from the physical realm into spiritual realm. The point of attack is no longer those neuralgic pains in the back, that tired feeling in the morning, but the feebleness of will, the lack of concentration, the absence of ambition, the inability to tap one's hidden reservoirs of soul energy to which a whole advertising literature addresses itself today.

"Consider, for example, the correspondence courses in Concentration which are being offered to the American public in such profusion at a ridiculous monthly sum in view of the $10,000 salary which is almost certain to follow. Consider the various bookshelves through which diffident farmer boys may become leaders of men, stutterers may learn to sway audiences with the magic spell of their words, and homely girls may master the secret of Charm which wins the admiration of men in faultless Rochester-made evening clothes. Consider the entire national philosophy of curing by regular doses, which expresses itself in Clean-up Weeks, Baby Weeks, Love-your-Mother Weeks, and Remember-your-Grandfather Weeks. It is the old Hartman, Pinkham, and Father John instinct at work. There is no essential difference between Dr. Munyon's uplifted finger and the finger of the young man pointed directly at you and commanding you to concentrate for Success for three dollars down and a dollar a month. It is a comforting thought that the hale American constitution which did not break down under Peruna will survive these magic spiritual potions." —Weekly Bulletin, N. Y. City Health Department.

CHRONIC CATARRHAL DISEASES

Chronic catarrh never fails to indicate general constitutional debility. Local treatment is always desirable, but

for permanent results efforts must be directed toward promoting general functional activity throughout the body and a general increase of systemic vitality. The notable capacity of Gray's Glycerine Tonic Comp. in this direction readily accounts for the gratifying results that can be accomplished through its use in the treatment of all chronic catarrhal affections, but especially those of the gastro-intestinal canal and respiratory tract. The particularly gratifying features in the results accomplished by Gray's Glycerine Tonic Comp. are their substantial and permanent character. This is naturally to be expected since they are brought about through restoring the physiologic balance of the whole organism.

MILITARY ANTI-TUBERCULOSIS PROGRAM PERFECTED.

Plans for a complete program for the Prevention of Tuberculosis in the army have been perfected by the National Association for the Study and Prevention of Tuberculosis working in cooperation with the Surgeon-General, the Y.M.C.A., and other agencies. This, it is predicted, will put the impending second draft on a better health basis than the first. The program will include not only a follow-up for every man discharged on account of tuberculosis, but a thoroughgoing health educational campaign among the soldiers.

Prior to the first draft the National Association began to outline a preventive campaign. Owing to the magnitude of the task and the many practical delays in perfecting and applying the details of this scheme, the results were not as encouraging as might be expected. This was due to the fact that the report of names of men rejected by the draft on account of tuberculosis was inadequate, the slowness of the machinery in getting under way, and the many difficulties in determining the status of the men.

Inasmuch as those enlisted or drafted men do not become accepted soldiers until after their probationary period lasting from three to six months in the various services, the Government assumes no responsibility for the after-care of those whose health breaks down during that period. Hence, this problem belongs to the civilian boards of health and the unofficial health organizations.

The National Association program falls into two main divisions:—(a) follow-up work and (b) educational work. The first obstacle to the follow-up program was Section Eleven of the Selective Service Regulations regarding the second draft which forbids giving a record of a man's condition to anyone except certain designated officials. The National Association officers, however, placed before the War Department the importance of this work and were influential in persuading them to open the records of rejected men to state and local boards of health throughout the country, through the United States Public Health Service and the Council of National Defense.

Inasmuch as the above section of the regulations does not apply to men dismissed from training camps after they have passed draft boards, the Association arranged with the Surgeon-General and the division surgeons in camps to receive the names of all men thus dismissed. These lists are divided up by states and forwarded to state associations and state boards of health for follow-up work. Where men are referred to localities where there are not at present facilities for this follow-up work, the Association will use its good offices to promote the establishing of such facilities.

In the meantime, the Medical Department of the Army has perfected its machinery for weeding out these tuberculosis cases. Every man passed by the draft board after going into camp

is examined by the Regimental Surgeon, re-examined by a tuberculosis board and then if suspected of tuberculosis, again examined by a tuberculosis expert. This follows a general policy mapped out and recommended by the National Association.

A large number of men have already been accepted into the service who were known to be tuberculous, many of them formerly inmates of tuberculosis sanatoria. Part of the Association's work has been to get in touch with every tuberculosis sanatorium and dispensary in the country and compile lists of all recent male inmates of draft age, giving the history of their cases and whether or not it was known if they were in the army at present. Hundreds of such names have already been received. This data is forwarded to the training camps, the men are located and the results are reported back to the sources of information.

Furthermore, the Association has sent a letter to all of its fifteen hundred local co-operating agencies giving the provisions of the second draft and urging that these agencies procure the names and addresses of all the men of military age in their section who are known to have tuberculosis; get in touch with these men and arm them with the necessary affidavits to prevent, if possible, their being passed by the draft board, and recommend to the local draft boards the names of the approved tuberculosis experts in their section.

The Association is also co-operating with the Surgeon-General's office to aid the Government in providing sanatoria for those men who have been discharged from the service on account of tuberculosis after their probationary period has expired. All full-fledged soldiers and sailors returned from France or other stations will be cared for as near to their own homes as possible in sanatoria accommodations provided by the Government. The Government intends to utilize as far as possible existing institutions.

From the United States Marine Corps the National Association has secured each month a report of men rejected for tuberculosis from all its recruiting stations, and these men will receive the regular follow-up attention.

From the second or educational division of the program it is hoped to derive the greater ultimate good by the establishment of fundamental preventive measures among the well.

The National Association is interested in any kind of an educational campaign among the men in the various military camps that will tend to promote interest and information with regard to the control and prevention of communicable diseases, and toward the promotion of public and individual health in general. In the mobilization of such large numbers of men in various camps throughout the United States there have developed an unusual number of somewhat serious epidemics of colds, coughs, pneumonia, measles and various other respiratory and communicable diseases. That all of these diseases can be controlled by education and by the exercise of adequate public health measures has been clearly demonstrated in the civilian population throughout the United States. Most of these epidemics are spread through ignorance and carelessness. It is inevitable where large numbers of men from all walks of life and with all possible diseases and variations of physical habits are thrown together in somewhat uncomfortable and crowded living conditions, that there will be an immediate increase in the amount of sickness from communicable diseases. It must be obvious, however, to even the most superficial observer, that if these men can be taught to maintain a reasonable standard of personal hygiene and can be given a knowledge of the methods and principles of the control of com-

municable diseases a rapid diminution in the sickness rate will follow.

In co-operation with the Educational Committee of the National War Work Council of the Y.M.C.A., the National Association will furnish a number of stock lectures dealing with tuberculosis together with lantern slides to illustrate them. It will also arrange to put the educational secretaries of each of the camps in touch with public lecturers in and around their respective camps. The Association has requested the War Department to give careful consideration to the desirability of appointing one or more special officers detailed to lecture on tuberculosis and allied health subjects in all of the army camps throughout the country.

The Association has prepared a special circular entitled "Red Blood," giving in brief and attractive form a message to the soldier relative to personal fitness, a health "Don't Card;" and a Public Health Manual may also be distributed, the latter being a text-book of personal hygiene.

The Association will also arrange to distribute through the departmental executives of the Y.M.C.A. a number of special tuberculosis exhibits known popularly as "The Parcel Post Exhibit." In connection with these moving picture films and lantern slides will be used.

The National Association Field Secretary, Dr. Pattison, is visiting the training camps and supervising this educational work.

VASO-MOTOR DERANGEMENTS.

The part played by the vaso-motor system in countless diseases is at last thoroughly recognized. As a consequence, circulatory disorders are among the most common functional ailments that the modern physician is called upon to correct. Various heart tonics and stimulants are usually employed, but the effect of these is rarely more than temporary. To re-establish a circulatory equilibrium that offers real and substantial relief from the distressing symptoms that call most insistently for treatment requires a systematic building up of the whole body. Experience has shown that no remedy at the command of the profession is more serviceable in this direction than Gray's Glycerine Tonic Comp.

For nearly 20 years this standard tonic has filled an important place in the armamentarium of the country's leading physicians. Its therapeutic efficiency in restoring systemic vitality and thus overcoming functional disorders of the vaso-motor or circulatory system is not the least of the qualities that account for its widespread use. The results, however, that can be accomplished in many cases of cardiac weakness have led many physicians to employ it almost as a routine remedy at the first sign of an embarrassed or flagging circulation.

SOUTHERN CALIFORNIA PRACTITIONER.

Vol. XXXIII. LOS ANGELES, MAY, 1918 No. 5

DOUBLE RECURRENT AND BILATERAL TUBAL PREGNANCIES. AN ANALYSIS OF EIGHTY-NINE CASES REPORTED IN THE LITERATURE AND THREE UNPUBLISHED PERSONAL CASES.

BY AIME PAUL HEINECK, CHICAGO, ILLINOIS.

Extra-uterine pregnancy is one of the most important maladies of the child-bearing period. It occurs in all races, appears to be less frequent in the colored—4 negresses in 169 cases. The condition though more frequently recognized than heretofore is, nevertheless, too often overlooked, misdiagnosed and, therefore, mistreated. The safety with which the abdomen is now opened affords opportunity for the recognition, study and relief of many conditions which previously escaped detection. A more complete understanding of tubal gestation will lead to the saving of lives and to the prevention of invalidism.

Tubal gestation is by far the most common variety of ectopic pregnancy. It is single, double, or multiple; unilateral or bilateral. It may be a woman's first and last conception; it may be preceded by a long period of infertility; it may end a woman's child-bearing career; it may make future pregnancies impossible; it may precede or follow a normal pregnancy or pregnancies. It has preceded and has followed uterine abortions. Tubal pregnancy may coexist with a uterine pergnancy. It can occur in the absence of other pathological states of the pelvic or other organs. Its occurrence in one tube does not protect against its occurrence in the opposite tube, does not absolutely protect against its recurrence in the same tube.

Double and recurrent tubal pregnancies have not received adequate study and consideration. To facilitate the task of future investigators, I have collected, studied and analyzed all cases of double and bilateral tubal pregnancies reported with sufficient data in the English, French and German literature from 1908 to 1916, inclusive. Only original reports of cases in which the diagnosis was verified at operation were considered. The statements made in this article are entirely based either on these reported cases or on our unpublished personal cases.

Double tubal pregnancies are almost invariably bilateral; exceptionally unilateral.

Double and bilateral tubal pregnancies are either simultaneous or recurrent. If simultaneous, both conceptions begin at or about the same time; both gestations may develop, or one may be interrupted and the other continue. Usually, the two foetal cysts differ in size and destiny. Twenty-nine of the double tubal pregnancies herein considered belong to the simultaneous group. One double tubal gestation occurred in a nullipara 41 years old, another in a multipara 45 years of age. The other simultaneous cases in which the age was recorded tabulate as follows:

From 20 to 24, inclusive, 3 cases, 10.34%
From 25 to 29, inclusive, 11 cases, 37.93
From 30 to 34, inclusive, 7 cases, 24.13
From 35 to 39, inclusive, 4 cases, 13.79

As previously stated, the recurrent type is by far the most frequent (63 cases.) Almost always, the recurrence is in the opposite tube. Recurrence of gestation in the same tube is a rarity.

The ages of the patients at the time of the second tubal gestation and percentage incidence as to age is shown by the following table:

From 20 to 24, inclusive, 3 cases, 4.76%
From 25 to 29, inclusive, 20 cases, 31.74
From 30 to 34, inclusive, 20 cases, 31.74
From 35 to 39, inclusive, 7 cases, 11.11

Comparison of the two previous tables with the following reveals that the age incidence of tubal gestation is not the same as that of uterine gestation.

Normal Births in Chicago, based on 3600 cases (Redfield).

From 20 to 24 years.....31.95%
From 25 to 29 years.....29.72
From 30 to 34 years.....18.64
From 35 to 39 years.....10.14

Double and bilateral tubal pregnancies can occur at any period of the child-bearing age. We do not know how often tubal pregnancy recurs; we do not know why it occurs. Authors are not agreed as to the frequency of recurrence. The frequency of recurrence in the practice of various clinicians is shown by the following table:

Hunner,	31 cases of tubal gestation, 2 recurred.
Madelener,	63 cases of tubal gestation, 3 recurred.
Heineck,	70 cases of tubal gestation, 3 recurred.
Lothrop,	83 cases of tubal gestation, 3 recurred.
Rosenstein,	100 cases of tubal gestation, 6 recurred.
Horrman,	101 cases of tubal gestation, 5 recurred.
Wertheim,	120 cases of tubal gestation, 7 or 8 recurred.
Finsterer,	133 cases of tubal gestation, 9 recurred.

One ectopic pregnancy is not necessarily followed by another ectopic pregnancy. Normal pregnancies may be sandwiched in between two extra-uterine gestations.

Months, or even years, may elapse between the incidence of pregnancy in one tube and the lodgment of an impregnated ovum in the opposite tube. Some authors reckoned the time interval either between the inception of the two abnormal pregnancies or between the two operations performed for their relief. The latter method is basically faulty.

In our collected cases, the interval between the two tubal gestations varied from three months to nine years. In 21 cases, tubal gestation recurred within one year; in twelve, within 3 years. In some cases, the time interval between the two tubal gestations was 4 years, 5 years, 7 years and 7 months; in others, the time interval was not definitely stated.

Double, recurrent and bilateral tubal pregnancies occurred in women who have never borne living children. Tubal pregnancy has recurred in women who have borne one living child, two chil-

dren, three children, four children, five children and six children.

Double, recurrent and bilateral tubal pregnancies like other varieties of ectopic gestation not infrequently occur in women who though frequently exposed to pregnancy have remained sterile. In many cases, a long period of sterility precedes double, or intervenes between two tubal gestations.

The cause of tubal pregnancy, whether single, double or recurrent, is not definitely known. Many hypotheses have been advanced, some very plausible, none of universal application. No causative factor present in every case has been demonstrated. Not uncommonly, coexisting pathological states are found. Are these pathological states coincidental or etiologic factors? With the data at hand, a positive answer is not possible. The problem calling for solution is, why does the impregnated ovum fail to find its way into the uterus?

Inflammatory and other degenerative changes of the tubal wall do not possess the important etilogical role formerly attributed to them. Though all conditions that obstruct, delay or hinder the progress of the impregnated ovum to the uterus favor the occurrence of ectopic gestation, still many cases occur in which the existing tubal gestation excepted there is a total absence of pathological tubal or ovarian changes, congenital or acquired. Actual examination at time of operation has firmly established the fact that an inflammatory condition is not present in all cases. "In a certain proportion of cases, the most careful clinical history and microscopical examination of the specimen will fail to reveal a tangible cause for the condition."—Williams.

It has been believed that the predominant cause of tubal pregnancy is salpingitis, post-abortum, post-partum or gonorrheal in nature, with resulting destruction of the tubal ciliated epithelium. "I have been able to demonstrate the presence of cilia in nearly every pregnant tube which I have examined."—Williams.

In some cases, the presence of coexisting pelvic pathological states is recorded, cyst of parovarium, ovarian cyst, polycystic degeneration of left ovary.

In one case, Puppel removed the left ruptured and pregnant tube and separated the right adnexa from embedding adhesions. One year later, the right tube became pregnant and ruptured.

Smith reports a case presenting the similar features. Wesenberg, in his case, removed a fist-sized Fallopian tube containing coagula and foetal rests. Examining the thickened right tube and finding its fimbriated end closed, he incised the fimbriated end and sewed the tubal mucosa to the tubal serosa. One year later, this repaired tube became pregnant.

All our collected and personal cases were primarily either interstitial, isthmic or ampullary. All the others were bilateral. These 92 cases represent 185 tubal gestations. Not one of these pregnancies, either first or second, went to full term.

Sixteen gestations were subjected to operative relief previous to tubal abortion or tubal rupture.

Thirty-two tubal gestations terminated in abortion; seventy-five in rupture. In the remaining cases, the termination is either not recorded or not definitely stated. Termination depends in great part upon the implantation site of the ovum, thus in the isthmic form, this portion of the tube not admitting of much distention, early rupture is the rule. In the ampullary form, the tubal wall offering less resistance in the ampullary region to the growth of the ovum, abortion is the rule. Tubal abortions are due to rupture through the capsular membrane; they are incomplete, or complete, the incomplete being the more common. Complete tubal abortion implies complete expul-

sion of the ovum, membrane and contents, into the peritoneal cavity by way of the abdominal ostium of tube. In complete abortion, the hemorrhage is usually slight. In the complete type, there is a partial loosening of the ovum from the tubal wall and only parts of the ovum pass into the peritoneal cavity. In incomplete tubal abortion, the hemorrhages recur as evidenced by repeated colicky pains, laminated clots. Tubal abortion has been appropriately designated by some authors as intratubal rupture.

Rupture, extra tubal, occurs at or near the placental site, taking place either into the peritoneal cavity, or between the folds of the broad ligament. Primary rupture of the ovum, in by far the larger number of cases, occurs previous to or about the eighth week; in a few cases, it occurs later. It may involve any portion of the tube, isthmic, middle third, ampullary and vary in size from a pin point to a tearing asunder of the entire tube. Even a pin-point rupture may cause a fatal hemorrhage. In the only case of this series in which hemorrhage apparently caused death, the rupture was a small orifice on the free portion of tube through which chorionic villi projected. The tubal tissues in contact with the ovum offer slight resistance to the fetal elements and being early invaded by the chorionic villi and fetal cells, the pregnant tube soon undergoes degenerative changes. The tubal wall is weakened both by the continuous and gradually increasing distention exerted by the growing ovum and by the erosive action of the fetal elements upon the maternal tissues. The tubal resistance being thus impaired, rupture is easily brought about either by direct perforation by the growing villi or by any sudden opening of a large vessel, by the clogging of venous channels, or by slight external violence as vaginal examination, coitus, fall, etc.

Bilateral tubal gestation may terminate in tubal rupture in one tube and in tubal abortion in the other.

Tubal abortion and tubal rupture, be the latter intra or extra-tubal, are associated with moderate or profuse internal hemorrhage, either in the lumen of the Fallopian tube, between the folds of the broad ligament or into the peritoneal cavity. When capsular rupture takes place in a tube with closed fimbriated end, an hematosalpinx results. If the rupture involves a part of the tube not covered by peritoneum, an intraligamentary hematoma results. The duration and extent of the hemorrhage will determine the size of the hematoma. When the pressure of the surrounding tissues and extravasated blood equals or exceeds the intra-vascular pressure, all further hemorrhage is checked. In tubal abortion, and in tubal rupture of a portion of the tube covered by peritoneum, the hemorrhage may be moderate and circumscribed, an hematocole results; may be profuse and diffuse, an hemoperitoneum results.

When hemorrhage takes place into the free peritoneal cavity, a practically limitless space, the patient may bleed to death without a drop of blood appearing externally. These profuse hemorrhages into the peritoneal cavity are designated by the French "inondation peritoneale."

Blood extravasated in the lumen of the tube, between the folds of the broad ligament or in the peritoneal cavity, either undergoes absorption, coagulation, organization, cyst-formation, or suppuration.

Fate of the Ovum.

The ovum lodged in a tube being always poorly fixed, poorly nourished, most tubal pregnancies come to an end previous to the eighth week. When tubal gestation ends this early, be the termination due to ovular apoplexy, tubal abortion or tubal rupture, the ovum is absorbed. This is the fate of young embryos extruded into the peritoneal cavity, if they be not removed

by the surgeon. When, after tubal abortion or tubal rupture, the placenta retains some tubal implantation and contracts new attachments to the pelvic wall, rectum or other viscus or viscera, the placental circulation thereby continuing, the pregnancy becomes tubo-abdominal or tubo-peritoneal in type. Absorption is more difficult after the third month.

In many operations for early tubal gestation, the embryo is found in the tube or in the abdominal or peritoneal cavities. This occurred in nineteen of our patients in which there were found either in the tube or in the peritoneal cavity, one, two and, in one case, three foetuses. Most of these were found at the time of the second gestation. The foetuses varied in size from 3 mm. to 20 cm.

Ovular debris, placenta, decidual cells, fetal rests, chorionic villi, etc., are more frequently found at time of operation than foetuses. In 24 cases, the presence of inflammatory adhesions binding the pregnant tube to the pelvic wall, to the omentum, to the caput coli, etc., is recorded. These adhesions, rarely found at the time of the first operation, are not uncommonly noted in operations for recurrent tubal gestation.

The symptoms of tubal gestation, like those of uterine gestation can be classified into presumptive, probable and positive. The positive symptoms of pregnancy; fetal heart sounds, active and passive fetal movements, palpation of fetal parts, are usually not detected until after the fourth month of gestation. Now as 81% of tubal gestations terminate before, at or about their eighth week, it can be seen that the positive signs of tubal pregnancy, corresponding to the positive signs of uterine pregpancy, are rarely present and, therefore, rarely detected. In not one of our cases were any of the positive signs of pregnancy present.

Previous to tubal abortion and to tubal rupture presumptive signs of pregnancy, such as amenorrhea, nausea and vomiting, bluish discoloration of vaginal walls, pigmentation and striae, urinary disturbances, were noted in many of the cases. Amenorrhea is so constant a symptom in tubal pregnancy that its absence is misleading. In 29 cases of simultaneous double tubal pregnancy, a cessation of the menses for a varying period is recorded in twenty-seven cases. In the remaining two cases, amenorrhea is not recorded as present or absent; there was vaginal hemorrhage in both, but from the test it is hard to tell whether this uterine hemorrhage was or was not a menstrual hemorrhage. Menstrual irregularity should arouse suspicion.

In the bilateral cases in which gestation was of successive occurrence, cessation of the menses occurred, with few exceptions. The duration of the suppression, of course, varies according to the age of gestation. In some in which amenorrhea is not noted, what was mistakenly considered menstrual hemorrhage was a uterine flow incident to the termination of the tubal pregnancy.

Other presumptive symptoms such as nausea and vomiting, colostrum secretion, milk secretion, bluish discoloration of the vaginal wall, enlargement of breasts, etc., are less frequently recorded.

Among the probable signs, the most frequently noted in our series were changes in size, consistency and position of the uterus. "The existence of an enlarged uterus at any time during the child-bearing period should be regarded as presumptive evidence of pregnancy until such a possibility has been conclusively eliminated."—Williams.

The victim of ruptured tubal gestation is not as a rule struck down without premonitory symptoms or warning. Patient suspects pregnancy. Suspicion of ectopic gestation should be entertained upon the complaint of sudden

pelvic pain in a woman of child bearing age. The most characteristic symptoms that confront the clinician are those determined by tubal rupture or by tubal abortion. Both of these accidents are associated with pain and with internal hemorrhage, the extent of which determines the gravity of the case. Very often the patient first comes into the hands of the physician some time after she has recovered from the primary shock due to tubal rupture or tubal abortion.

In tubal abortion there may be acute, severe, cramp-like pain, limited to the pelvic region or referred to other portions of the abdomen; there may be absence of pain. In many cases of tubal abortion about the only symptom we have is abdominal pain and uterine colic preceding and accompanying the expulsion of the decidual cast. In tubal rupture, the pain is intense, agonizing, may cause the patient's collapse. It is most marked in the lower abdomen and may be referred to the right side, to the left side, to right kidney region, to the rectum, epigrastrium, umbilicus.

Coincident with the lodgment and development of the ovum, the uterus, during the first three months of tubal gestation, undergoes hypertrophy and its endometrium becomes converted into a decidua similar to that observed in uterine pregnancy. Soon after the death of the foetus, the decidua is thrown off, being expelled in shreds, or as a triangular cast of the uterine cavity, with dimensions corresponding to that of the hypertrophied uterus. According to Remy, the expulsion of a decidual cast of the uterine cavity is always a sign of ectopic pregnancy.

Though tubal pregnancy and especially bilateral tubal pregnancy, are frequently operative discoveries, the diagnosis being rarely made previous to tubal abortion or tubal rupture, the following symptoms, taken in conjunction with a suggestive history and suggestive pelvic findings, should make one think of the possible existence of tubal gestation.

a. Presence of the presumptive symptoms and signs of pregnancy; morning sickness, milk and colostrum secretion, pelvic pains referable to bladder and rectum.
b. Cessation of the menses.
c. Bluish discoloration of the vaginal wall.
d. Softening of the cervix.
e. Changes in size, consistency and position of uterus.

The existence of ectopic pregnancy is highly probable, when, in association with the above, palpation reveals an indefinitely outlined tender, boggy mass to one or both sides of uterus, in a patient who has or has had symptoms of acute anemia and attacks of acute abdominal pain, especially if the abdominal tumor has increased in size with each attack of abdominal pain.

If, during an intermenstrual period with or without a suppression of the menses, a woman has an attack of severe abdominal pain followed by vomiting, collapse, slight uterine hemorrhage, think of tubal abortion. If after a few days or a few weeks, the same clinical picture, recurs, suspect the existence of a bilateral tubal pregnancy.

The severe pain of tubal rupture is accompanied or followed by symptoms of abdominal hemorrhage and acute anemia, pallor, dizziness, nausea, collapse, weak, thready pulse. A definite muscular rigidity is noted by several reporters. In almost all cases associated with the above, vaginal hemorrhage varying in amount, slight, profuse, and in duration, 3 weeks, 6 weeks, is said to have been present. These attacks of pain and vaginal hemorrhage, anemia may be repeated. Bi-manual vaginal examination usually detects an elastic, often globular tumor-mass, to one or other side of uterus, or peri-uterine mass occupying the cul-de-sac of Douglas and the two lateral cul-de-sacs and in a few instances even ex-

tending into the iliac fossa. Previous to rupture or abortion, the foetal cyst may displace the uterus in various directions to the right, to the left, forward.

The treatment of ectopic gestation previous to, at time of, or after tubal rupture or abortion is operative. As stated in some of our previous publications on this subject, we disregard completely the life of the ectopic fetus and concentrate our efforts to saving the maternal health and the maternal life. The ectopic fetus, in all its various forms and at all periods of its existence, is a distinct menace to the maternal organism. Operation removes in a few minutes what it will require nature unaided, even in the most favorable cases, a long time to accomplish and thereby early secures the safety of the patient.

The operation for the relief of ectopic pregnancy, for the control of its complications and the cure of its sequelae, may be an emergency operation, may be one giving us time for ample preparation of the patient. In a general way it can be said that an ectopic gestation is a malignant growth and the longer it is unmolested, the greater are the dangers to the mother.

In cases of tubal rupture and also in cases of tubal abortion associated with symptoms of abdominal hemorrhage, operative relief must be immediately instituted. Patient can bleed to death into the peritoneal cavity without a drop of blood appearing externally. Peritoneal flooding calls for immediate intervention. Operation is equally indicated previous to tubal abortion or tubal rupture, but under these conditions if the patient is vigilantly watched delay of two or three days is not very significant.

In all operations for ectopic pregnancy, we discard the vaginal route. We prefer the abdominal route. Most diagnostic mistakes are common conditions that simulate unilateral or bilateral ectopic pregnancy, require for their cure an abdominal section: appendicitis, hydrosalpinx, pyosalpinx, ovarian cyst, sub-peritoneal uterine fibriad. If these conditions were mistakenly diagnosed ectopic gestation, no harm has been done. The laparotomy enables one to remove them. If they co-exist with a tubal gestation, laparotomy enables one to appropriately treat both conditions. We are justified in making our diagnoses and basing our management of cases upon presumptive evidence. A large mortality results from delayed diagnoses.

The most immediate danger of tubal abortion or tubal rupture is hemorrhage. Laparotomy permits an immediate and complete arrest of hemorrhage. Colpotomy permits an evacuation of blood clots. If the blood accumulation has acted as a tampon, its mere evacuation may be followed by a recurrence of the hemorrhage. Laparotomy not only secures absolute hemostosis, but enables one to eliminate the danger of post-operative or secondary hemorrhage.

Laparotomy permits a more complete removal of ovular debris and extravasated blood. It is not necessary to remove all blood from peritoneal cavity. Let there be no needless traumatizing. Furthermore, it allows inspection of the pelvic organs and enables one to decide at once whether or not the opposite tube should be removed.

Unilateral tubal pregnancy calls for removal of the pregnant tube. The operator must not be haunted by the thought of recurrence. Recurrence in the opposite tube is exceptional.

We are not justified in sterilizing a woman just because she has had a tubal gestation. Remove the unaffected tube:

a. If there be existing in the patient some constitutional state contra-indicating pregnancy such as epilepsy, alcoholism, worst types of neurasthenia, syphilis, mental disease, imbecility, advanced tubercu-

losis, advanced cardiac or hepatic disease, renal, bad types of primary anemia.

b. If there be existing in the patient some pelvic deformity preventing delivery through the maternal passages of a viable fetus.

c. If it be imbedded in adhesions, if it be malformed or the seat of a congenital anomaly or of inflammatory, neoplastic or other degenerative changes; hydro-salpinx, pyosalpinx, etc.

Do not remove the unaffected tube unless there be existing in the patient a condition contra-indicating pregnancy. There are many cases on record where a normal pregnancy has occurred after the ablation of a Fallopian tube.

In unilateral tubal pregnancy and in bilateral tubal pregnancy there should be no needless removal of tissues or organs. Therefore, if the ovaries are normal or only slightly altered, their preservation will be of great benefit to the patient. In addition to removing pregnant tube, fetus and ovular debris, if the patient's condition permits, correct co-existing pathological states. Many operators in addition to performing a bilateral salpingooophorectomy, supra-vaginal, or a total hysterectomy, broke up inflammatory adhesions, or removed the appendix vermiformis presenting acute or chronic inflammatory changes. Others removed a co-existing cystic ovary, a cyst of parovarium.

In our tabulated cases there were removed 42 left and 47 right Fallopian tubes. In 15 cases it is stated that the left ovary was removed. The right ovary was removed 22 times. In a few other cases, portions of the ovary were removed. In 6 cases, the conditions were such that the operators were compelled to perform either a total or subtotal hysterectomy. In 15 instances, abdominal drainage was used; in 3 instances vaginal drainage was used. It may be said that as a general rule the use of drainage in these cases is inadvisable.

1. Kennedy, J. W.—New York Med. Jour., Vol. 90, p. 61-64, 1909.
2. Marr, F. T.—Ohio Med. Jour., Vol. 5, p. 318-23, 1909.
3. Remy, S.—Rev. Med. de l'est Nancy, Vol. 42, p. 321-25, 1910.
4. Frere, F.—Presse Med. Bolge., Vol. 66, p. 393, 1914.
5. Matthieu—Le Scalpol., Vol. 64, p. 49, 1911.
6. Lambert—Bull. Soc. d'obst. et Gynec. de Par., 1, 892-8, 1912.
7. McDonald—Jour. A. M. A., Vol. 60, p. 1766-69, 1913.
8. Hirsch, Max—Frauenarzt, Leipzig, Vol. 27, p. 338-50, 1912.
9. Cameron, S. J. M.—Glasgow Med. Jour., Vol. 71, p. 34-39, 1909.
10. Johnson, Geo W.—Lancet, London, Vol. 2, p. 869, 1915.
11. Basham, D. W.—Western Surg. & Gyn. Assn., p. 281, 1909.
12. McCalla, L. P.—Surg. Gyn. & Obst., Vol. 8, p. 248-54, 1909.
13. Labhardt, A.—Beitrag Zur Geburtsu Gynaek., Vol. 14, p. 155-61, 1909.
14. Laurell, B.—Mitt. a. d. Gynak. Klin., Vol. 7, p. 141-45, 1907-8.
15. Launay, P.—Rev. de Chirurgie Paris, Vol. 43, p. 401-19, 1911.
16. Wilson, T. G.—Australas. Med. Gaz., Vol. 29, p. 187-9, 1910.
17. Williams—Text Book of Obstetrics, 1911.
18. Coues, W. P.—Boston Med. & Surg. Jour., Vol. 164, p. 677-81, 1911.
19. Smith, R. R.—Tr. Amer. Gynec. Soc., Vol. 36, p. 425-52, 1911.
20. Rosenstein, M.—Monotschr. f. Goburst. u. Gynak. Berl., Vol. 32, p. 435-33, 1910.
21. Coffey, R. C.—Western Surg. & Gyn. Assn., p. 281, 1909.
22. Vautrin—Gynecologie, Paris, Vol. 15, p. 435-48, 1911.

23. von Lingen, L.—Zentralblatt fur. Gynak., Leipzig, Vol. 37, p. 901, 1913.
24. Frank, A.—Berl. klin. Wchschr., Vol. 48, p. 429, 1911.
25. Puppel, E.—Monatschr. f. Geburts. u. Gynak., Vol. 29, p. 352-56, 1909.
26. Barkley, A. H.—Kentucky Med. Jour., Vol. 7, p. 752, 1908-9.
27. Murphy, J. B.—Surg. Clin., Vol. 5, p. 505-19, 1916.
28. Rabinovitz, M.—Amer. Jour. Obst., Vol. 64, p. 238-50, 1911.
29. McGuire, S.—Old Dominion Jour. Med. & Surg., Vol. 16, p. 14-18, 1913.
30. Stone—Amer. Jour. Obst., Vol. 69, p. 165, 1914.
31. Andrews, A.—Australas. Med. Gaz., Sydney, Vol. 33, p. 232, 1913.
32. Dougal, D.—Jour. Obst. & Gyn., Brit. Empire, Vol. 25, p. 154-58, 1914.
33. Keyes, John M.—New York Med. Jour., Vol. 92, p. 252-7, 1910.
34. Oden, R. J. E.—Jour. Mich. Med. Soc., Vol. 14, p. 104-6, 1915.
35. Lenormant—Paris Chirurg., Vol. 2, p. 26-34, 1910.
36. Gerschun, M.—Zentralbl. f. Gynak., Vol. 34, p. 1642-45, 1910.
37. Siefart, G.—Zentralbl. f. Gynak., Vol. 34, p. 1113-15, 1910.
38. Terrington, H. M.—Canadian Med. Assn. Jour., Vol. 6, p. 232, 1916.
39. Butler-Smithe—Jour. Obst. & Gynak., Brit. Emp., Vol. 25, p. 74-79, 1914.
40. Wesenberg, W.—Zentralbl. f. Gynak., Vol. 35, p. 1716, 1916.
41. Craig, G.—Australas. Med. Gaz., Vol. 29, p. 352-57, 1910.
42. Anderodias—Jour. de Med., Bordeaux, Vol. 43, p, 610, 1913.
43. Collins, E.—Proc. Royal Soc. Med., Lond., 5 Obst. & Gyn. Sect. 374, 1911-12.
44. Findley, P.—Trans. Amer. Gyn. Soc., Vol. 35, p. 26-31, 1910.
45. Lothrop, E. P.—New York Med. Jour., Vol. 104, p. 735-39, 1916.
46. Whitehouse, B.—Jour. Obst. & Gynaec., Brit. Emp., Vol. 24, p. 306, 1913.
47. Le Lorier, M. V.—Bull. Soc. d'obst. et de Gynec. de Paris, Vol. 2, p. 319, 1913.
48. Hamilton, J. W.—Lancet. Clinic., Cincinnati, Vol. 101, p. 609-13, 1909.
49. Gordon, Geo. A.—Lancet. Lond., Vol. 2, p. 101, 1910.
50. Shoemaker, G. E.—Penn. Med. Jour., Vol. 13, p. 622-28, 1909-10.
51. Sawkins, F. J. T.—Australas. Med. Gaz., Vol. 28, p. 487, 1909.
52. Davies-Colley—British Med. Jour., Vol. 1, p. 480-83, 1912.
53. Plahl, F.—Gynaek. Rundschau., Vol. 8, p. 645-7, 1914.
54. Hadden, D.—Calif. State Jour. Med., Vol. 11, p. 60, 1913.
55. Pellissier, M.—Echo Med. du Nord., Lille, Vol. 18, p. 43-45, 1914.
56. Bruce, H. S.—Atlanta Jour., Rec. Med., Vol. 12, p. 250-57, 1909.
57. Lancaster, L. B.—Australas. Med. Gaz., Vol. 32, p. 34, 1912.
58. Russell, L. E.—Eclect. Med. Jour., Cinn., Vol. 69, p. 463-65, 1909.
59. Kastanajoff, G. M.—Int. Abs. Surg., Vol. 18, p. 166, 1914.
60. Peterson, R.—Physician & Surg., Det., Vol. 34, p. 180-82, 1912.
61. Braham, N.—Brit. Med. Jour., Lond., Vol. 2, p. 239, 1914.
62. Milligan, E. T.—Jour. A. M. A., Vol. 58, p. 114, 1912.
63. Oliver, J.—Brit. Med. Jour., Vol. 2, p. 1653, 1911.
64. Wenzel—Zentralbl. f. Gynak., Vol. 35, p. 588, 1911.
65. Proust—Bull. et Mem. Soc., Anat. de Paris, Vol. 85, p. 118, 1910.
66. Sussman, F.—Munch. Med. Wchnschr., Vol. 57, p. 1341-43, 1910.
67. Kutz, A.—Deutsche Med. Wchnschr., Vol. 36, p. 1349, 1910.
68. Ford, M. J.—West. Med. Rev., Omaha, Vol. 18, p. 123-134, 1913.

69. Hunner, G. L.—Amer. Jour. Obst., Vol. 62, p. 409-20, 1910.
70. Ballard, C.—Post-Graduate, Vol. 23, p. 929-32, 1908.
71. Unterberger, F.—Monatschr. f. Geburts. u. Gynak., Vol. 38, p. 247-51, 1913.
72. Davidsohn, G.—Munch. Med. Wchnschr., Vol. 59, p. 145-47, 1912.
73. Barthelomy—Bull. Soc. d. Obst. et de Gynec. de Paris, Vol. 1, p. 1028-30, 1912.
74. Crandon.

A USEFUL LOCAL ANESTHETIC.

It is doubtful if any new remedial agent in many years has met with a readier acceptance by American physicians and surgeons than is being accorded to Apothesine, the synthetic local anesthetic recently announced by Parke, Davis & Co. The prompt appreciation which has marked the advent of this new product is gratifying for two reasons: Apothesine is an efficient and broadly useful local anesthetic; it is a fruit of American enterprise and research.

Apothesine is described as the hydrochloride of gammadiethyl-amino-propyl cinnamate. It occurs in the form of small snow-white crystals, having a melting point of 137°C. It is readily soluble in alcohol, slightly soluble in acetone and ether, and very soluble in water. If desired, it may be sterilized, in solution, by boiling, and it can be combined with any of the usual synergists.

Clinical reports show that Apothesine is as potent as the popular synthetic local anesthetics, while it is less toxic than most of them. It is not a derivative of cocaine, and it does not induce "habit" formation. It is not subject to the narcotic law.

Apothesine is suitable for use in any surgical procedure in which a local anesthetic is indicated. It has been employed with marked satisfaction by more than a hunrded surgeons in over one thousand cases, including both major and minor operations.

Apothesine is supplied in hypodermic-tablet form, as follows:

H. T. No. 216.—Each tablet contains 1¼ grains of Apothesine. One tablet in 60 minims of water makes a 20% solution. Vials of 20 and 100.

H. T. No. 217.—Each tablet contains 3-5 grain of Apothesine and 1-1600 grain of Adrenalin. One tablet in 60 minims of water makes a 1% solution of Apothesine in Adrenalin 1:100,000. Vials of 25 and 100.

Parke, Davis & Co. announce that they will be pleased to send literature on Apothesine to any physician or surgeon who is interested in the product.

THE EFFECTIVE TREATMENT OF BURNS.

The conspicuous results obtained with the paraffin treatment in France have created a demand for a dependable preparation in this country. Accordingly Redintol has been prepared and placed at the service of American physicians.

Applied according to directions Redintol promptly relieves burning and smarting. Healing proceeds rapidly with the great advantage that scarring and contractions are reduced to a minimum. Redintol, therefore, opens up new and far-reaching possibilities in the treatment of burns, and enables the practitioner to accomplish results that he has rarely if ever been able to obtain with other measures at his command.

Samples and full directions to physicians on request to Johnson & Johnson, New Brunswick, N. J.

Lieut. C. S. Allan of Los Angeles and Lieut. Ray W. Karras of Sawtelle, Los Angeles county, to Army and Medical School for instructions.

SOUTHERN CALIFORNIA PRACTITIONER.

A MEDICAL, CLIMATOLOGICAL AND SOCIOLOGICAL MONTHLY MAGAZINE.
This journal endeavors to mirror the progress of the profession of California and Arizona.

Established in 1886 by Walter Lindley, M.D., LL.D.
DR. GEORGE E. MALSBARY, Editor and Publisher.

Associate Editors,
Dr. Walter Lindley, Dr. W. W. Watkins, Dr. Ross Moore, Dr. George L. Cole, Dr. Cecil E. Reynolds, Dr. William A. Edwards, Dr. Andrew W. Morton, Dr. H. D'Arcy Power, Dr. B. J. O'Neill, Dr. C. G. Stivers, Dr. Olga McNeile, Dr. W. H. Dudley, Dr. J. M. Mathews.

Address all communications and manuscripts to
EDITOR SOUTHERN CALIFORNIA PRACTITIONER,
Subscription Price, per annum, $2.00. 1414 South Hope Street, Los Angeles, Cal.

EDITORIAL

PNEUMONIA—WHOOPING COUGH MORTALITY.

The annual report of the Department of Health of the city of Los Angeles for the year ending June 30th, 1917, has just been issued by Health Commissioner L. M. Powers. It contains a great deal of valuable information.

During the year that the report covers there were 6,528 deaths, giving a death rate of 11.87 per one thousand population.

During the same period there were 8,218 living children born and 277 still born. Out of these births, 12% were attended by midwives. It would be interesting to know how many of the 277 still born were attended by midwives.

There were 13 cases of smallpox during the year; 11 of these had never been successfully vaccinated and two had been vaccinated years before.

There were 459 cases of diphtheria, with only 26 deaths. There were 557 cases of scarlet fever and 8 deaths.

There were 125 of typhoid fever and of these the source of infection of 66 was outside of the city and 59 contracted the disease in the city. Sixteen deaths occurred during the year.

There were 399 cases of lobar pneumonia during the year with 275 deaths. Such a death rate is a standing challenge to the medical profession. Year by year the death rate from pneumonia is increasing. Does the profession ever stop to compare the treatment when the death rate was lower to the treatment given today? This increasing death rate seems to be world wide. Meanwhile the profession gets more and more radical in regard to the outdoor cold-air treatment of this terrible disease.

There were 376 cases of whooping cough, of which 17 proved fatal; in other words, whooping cough was more fatal than diphtheria or scarlet fever, but we cannot go any further in noting the contents of this valuable report, but recommend that every physician secure a copy of the same.

MEDICAL DEPT. OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

The journal of the A. M. A. has for 15 years collected and published statistics in regard to the State Board Examinations. This valuable work is still

continued for the year 1917 in the journal of April 13, 1918.

President Geo. F. Bovard of the University of Southern California, and all those associated in conducting the medical department of the university, can well be proud of the record that this Los Angeles college has made.

One table shows a list of thirty of the Medical Colleges of the United States in which 50 or more of their graduates were examined during the year 1917. This shows that out of those thirty colleges, including Johns Hopkins, Harvard Medical School, that our own Los Angeles Medical School was the only one in which every graduate who was examined, whether in California or in other states, successfully passed. There are various other tables all of interest, in which the University of Southern California shows up equally well.

The work which this medical department of the U. S. C. is doing for the nation is well worth considering. Beginning with Dr. Decker, who is a lieutenant-colonel, and with scores of our graduates serving as majors, captains and lieutenants, Los Angeles can feel that her own school is doing its bit with honor and courage.

Every physician, and in fact every citizen should get behind this home college and strengthen it in every way possible, so that it may continue making such creditable records.

EDITORIAL NOTES

Medical men from Southern California have recently received the following assignments:

Capt. Byron P. Stookey, from New York City to the University of Michigan for temporary duty.

Capt. Geo. A. Fielding of Sawtelle, Los Angeles county, to Camp Grant, Rockford, Ill., for duty.

Major Jean Van Kaathoven of Los Angeles, Capt. Geo. Tupper of Long Beach, Capts. Elliot Alden and Edwin H. Wiley, Jr., of Los Angeles, Capt. Thomas R. McHugh of San Bernardino, Lieuts. Karl L. Dierterle, Simon A. Jessberg, Arch M. Paulson, Bret A. Swartz, Major Walter V. Brem, Lieut. Russel W. Prince, Capt. Frederick A. Coller, Lieut. Robert B. Hill, Lieut. Leon Shulman, all from Los Angeles, and detailed to Camp Kearny for temporary duty.

Capt. John C. Wilson from Los Angeles to Ft. McPherson for temporary duty.

Capt. Maynard C. Harding of San Diego to Camp Lewis.

Lieut. Hersel E. Butka of Los Angeles to Ft. Leavenworth, Kansas, for duty.

Lieut. Earl L. Lupton of Los Angeles to Ft. Oglethorpe, Base Hospital.

Capt. Bertram C. Davis, Capt. Robert C. Howe of Los Angeles, to Ft. Riley for instructions.

Capt. John H. Meyer to Ft. Riley for instruction.

Major Lorenzo F. Luckie of Los Angeles to Lake Charles, Louisiana.

Lieut. Paul K. Sellew of Los Angeles to Los Angeles for duty.

Capt. Joseph W. Cook of Redlands to Orthopedic Hospital, New York City, for instructions.

Lieut. Frederick E. Herzer of Loma Linda to Rockefeller Institute, New York City, for instruction in laboratory work.

Lieut. Geo. D. Trotman of Los Angeles, honorably discharged on account of physical disability.

The following orders to officers of the Medical Reserve Corps from South-

ern California have recently been issued:

To Ft. Oglethorpe for instructions, Capt. Emil P. Tholen of Los Angeles.

To Ft. Riley, Capt. Le Roy M. White of National City; Capt. James R. Reed of Pasadena; Lieut. Joseph K. Smith of Bakersfield; Lieut. David B. Xbinden of Downey; Philip J. Cunnane and Frank Thomas of Los Angeles.

To Portland, Oregon, Aviation Section, Signal Corp, for duty: Major Sanford B. Whiting of Los Angeles; Lieut. James Thorten of Los Angeles.

To San Francisco for instruction and on completion to Camp Lewis, American Lake, Washington, Base Hospital: Lieut. Albert C. Germann of Los Angeles.

Honorably discharged, Lieut. Chas. F. Curtis of Los Angeles.

The Training School for Nurses of the Clara Barton Hospital held their reception and dance at the Goldberg-Bosley Hall on Thursday evening, May 9th. The following were the graduates in the class of 1918:

Miss Olang Beck, Nordland, Norway.
Miss Bessie Cox, Ukiah, California.
Miss Charlotte Clary, Hereford, Texas.
Miss Anna Castillo, Monrovia, Calif.
Miss Ethel Hieber, McKees Rock, Pa.
Miss Maria Irwin, Monticello, Ill.
Miss Francis Jones, Phoenix, Arizona.
Miss Margaret Quinn, Niles, Ohio.
Miss Anna Shrewsbury, Orange, Calif.
Miss Orma Steele, Dallas, Texas.
Miss Mary Saunders, St. Louis, Mo.
Miss Hilda Vicent, Trinidad, W. Indies.
Miss Ella Walters, Dysart, Iowa.
Miss Ada Whitlock, Adair, Iowa.

AN ALLY WORTHY OF CONFIDENCE.

It is going on toward 20 years since Gray's Glycerine Tonic Comp. was first placed at the service of the medical profession. During all this period Gray's Glycerine Tonic Comp. has maintained the standards that first attracted attention and the busy practitioner has ever found it an ally worthy of confidence. It never disappoints and in the treatment of atonic conditions, particularly of the gastro-intestinal tract, it is often the one remedy that will produce tangible and satisfactory results. The physician who does not use it in his practice is denying his patient many benefits that can be obtained in no other way.

SOUTHERN CALIFORNIA PRACTITIONER.

Vol. XXXIII. LOS ANGELES, JUNE, 1918 No. 6

DARWINISM AND NATIONS.*

BY MAYNARD M. METCALF.

I had thought to ask your attention at this time to some new data which throw light upon the origin of the Ciliata, but the suggestion has been made that the various scientific societies, in their meetings, give some attention to problems connected with the great task the Nation has before it in the present war. I have therefore changed my plan and shall speak upon the theme "Darwinism and Nations."

Standing as we do in the midst of this great war, we are too near it to see its issues in their true relation and in proper perspective. Yet a few things stand out so boldly that they may be seen without much danger of confusion and false estimate. They challenge our attention and must be faced and thoughtfully appraised. There is taking place before us a gigantic experimental demonstration in social life, and students of the evolution of society have such opportunity as has rarely been presented to see great forces in strenuous action molding the future of mankind. The truth or falsity of certain claims as to human relations and the evolution of the life of man must surely be made more clear than ever before.

We as zoologists are still further challenged to consider the present phenomena by the strictly biological form in which the argument of the protagonists of the Central Powers is so often put. German students, more than any others, have carried Darwinism to its logical extreme, with an unhesitating, uncompromising quality that is in itself admirable. The Nageli-Weismann conception of the continuity of the germplasm and the consequent non-heritability of acquired characters marked a decided advance in our thinking upon evolution and problems of human progress. It furnished a necessary foundation for studies in genetics and is vital in questions of eugenics which may in time be the central questions of human society. The fact that German scholars are not now taking an important part in studies of genetics should not obscure for us the fact of the great debt geneticists owe to Weismann and his fellow countrymen.

Human individuals in their endeavor

*Address of the President of the American Society of Zoologists at the Fifteenth Annual Meeting of that Society, December 27, 1917, Minneapolis, Minnesota.

to perpetuate themselves are subject to selection under three forms—natural selection, marriage selection, and social selection dependent upon castes or cliques. The latter two, marriage selection and social selection, are chiefly intranational and do not apply to rivalries between those groups of men we call nations. Natural selection, on the other hand, applies to nations as well as individuals, and German thinkers are right in emphasizing it, though not to the exclusion of all other considerations.

Germany's presentation of her national philosophy and her claims for herself among the nations is too complex for any brief adequate statement, but we may note a number of its salient features:—

Nations, like individuals, are subject to natural selection through the struggle for existence. This struggle must take in large measure the form of war.

In this struggle it is the strong that survive and only the strong deserve to survive.

A nation therefore should conserve and increase its strength in order to take its proper place upon the Earth.

The Germans are the mightiest and the greatest race and nation, and no considerations should be allowed to stand in the way of their taking their rightful place as the dominant people. The struggle for existence between nations must not be ameliorated, but must be allowed to take its full and natural course in order that Germany, mightiest of nations, may reach undisputed dominance. Any considerations that would hamper the outworking of this most fundamental law of nature are contrary to nature and so immoral. It is natural and therefore right that the most mighty should come to unrestricted, unhampered rule.

In order to thrust herself forward most effectively in the struggle for existence the nation must do whatever is best for the development of her might. Everything that tends to this end is right; everything that hinders is wrong. The state, perfect in her power, is the ultimate goal and no considerations beyond the state are to be entertained. The state is a law unto herself. She is the source of all law and so is above all law.

I have tried to give a very moderate statement of these items from Germany's presentation of her claims. By quotations from Trietschke, Bernhardi, von Bulow, Harnack and many others I could have put each item in much more extreme form, but understatement will do little harm for our present purpose.

Several friends to whom I have read this paper urge me to include the actual citations without paraphrase, and after some consideration I have decided to do this at the close of the paper. The actual words are so vivid that I fear if they were introduced at this point they would render difficult dispassionate consideration of the ideas we are discussing.

The German argument is in general logical. It presents a philosophy of national life and relations which accepts the Darwinian principle to the full and applies it uncompromisingly. If the premises are correct, I see no escape from the conclusions. But logic has no necessary relation to truth. We have conspicuous examples of eminent logicians who have failed to convince. Herbert Spencer is such an one. His reasoning is keen, but he seems so to enjoy the processes of his argument that he hastens to them without taking time to scrutinize the premises upon which his reasoning is based, and he is not convincing. The zoologist may think him quite an astronomer; the astronomer may regard him as well founded in geology; the geologist may think him profound in his knowledge of biology; but few students have the highest regard for Spencer as a thinker in their own special fields. In his "Philosophy

of Style,'' on the other hand, where his data seem sound, his conclusions are convincing.

That logic and factual truth have no necessary relation is clearly shown in mathematics, the purest of pure logic. Mathematics, like all logic, is occupied solely with truth of relation and not at all with truth of fact. Indeed whole fields of mathematics confessedly deal with data falsely assumed. It seems strange that mathematics should ever be classed as a science. Science deals with phenomena, mathematics, and all logic, deal only with relation.

But pardon this digression. We started upon it, I believe, from the statement that the uncompromising logic of the German philosophy is no sufficient indication of its truth unless it be founded upon true data. Shall we examine from this point of view some of the statements and implications in the German argument, with the purpose of bringing out some of the fundamental relations between groups in human society and some of the fundamental elements in national strength, all of course from the point of view of the evolution of mankind and of society?

''Nations, like individuals, are subject to natural selection through the struggle for existence.'' Yes, surely. But this is not a statement of the whole truth. Like individuals, nations can, if they wish, supercede natural selection in large measure by developing cooperation, the principle that obtains to a greater or less degree among all communal organisms. Human communities, especially, have freed their members from much of the stress of the struggle for existence, by substituting cooperation for rivalry in a very large proportion of the individual relations within the group. Interdependence between the individuals of the group has been so developed, through cooperation and division of labor, that cooperation may perhaps fairly be said to transcend natural selection as an influence upon the life of highly civilized man. The higher the development of human society, the more dominant becomes the principle of cooperation. Only in the most primitive communities can there be an approach to unrestricted natural selection. Indeed we know today no such human societies, and it is probable that this stage of social evolution was already passed before man's ancestors became truly men.

Not only has human society today substituted cooperation for natural selection, in large measure. We are beginning to see more clearly the biological and social possibilities in eugenics, and future human soicety is altogether likely to relegate into desuetude the laissez faire principle of unrestricted selection among men.

As between individuals, so also between groups, between nations, it is possible to substitute cooperation for selection to a very considerable degree, and the question of the desirable extent of such substitution is one of the most important of social problems.

''In the struggle for existence it is the strong that survive and only the strong deserve to survive.'' Again yes, but we must carefully define the word strong as here used. We need to remember not only the point just made, that rivalry is not the only principle and that cooperation and rivalry are coordinate principles in international relations. We must remember as well that national strength cannot be assumed to be only physical might or such power as is useful in unrestricted rivalry. Other forms of strength, strength of character, moral strength, strong emotional sympathies, a genuine sympathetic kindly feeling toward all sorts and conditions and races of men and an ability to understand them and their points of view, may tend to promote cooperation and may well be the greatest assets of a nation physically and intellectually sound. This may well be

the type of national character toward which we must move in order to reach such international relations as will bring man to his fullest development. Humanness, with a degree of natural humility, an ingrained altruism, may be the culminating quality in that strength which is most real and effective.

"A nation should conserve and increase its might in order to take its proper place upon the Earth." Yes, but here again might needs defining. Physical and spiritual strength both need to be considered.

"The Germans are the mightiest and the greatest race and nation, and no consideration should be allowed to stand in the way of their taking their rightful place as the dominant people."

In developed power in a military way, including that organization of the people which is necessary to give the fullest support to the army and navy, Germany surely led the world. Of her potential power, compared to that of the British Empire, France, America, or Russia, we must speak with less confidence. But with all her developed military strength, Germany has shown a surprising spiritual difference from other peoples, and this somewhat unique character needs scrutiny in making any estimate of her national power. To this point we will return.

Her philosophy of the state as the world unit, her teaching that the state is ultimate and that duty to the state is the final duty, her claim that the state is the source of all law and is therefore above all law and not subject to it, is based upon assumptions that need examination.

It might be possible to organize world society upon the basis of the nations as rival rather than cooperating units, but such a plan consistently carried out would give not world society but international anarchy, at least until such time as one state should have become sovereign for the whole world. Just as in all smaller social communities selection is ameliorated by cooperation, and as intracommunal society is possible only in so far as cooperation is developed, so between nations world society is possible only to the extent to which cooperation is developed. Within the community rivalry has been restricted and controlled and the struggle between individuals restrained by the development of law. Cooperation between the individuals of the community, and not the dominance of a single individual, is the plan of organization that has developed in all human communities, and the degree of development of cooperation and restraint of struggle seems a fair measure of the advancement of the civilization of the community. It might be possible to have a group of human beings among whom the freedom of the struggle was unrestricted. This probably would lead to the complete dominance of one individual in each group. But human social evolution has not taken this direction. Communities of almost this type are found among some of the gregarious feral **Ungulata**, but not among men.

It is difficult to see any reason for believing that such a relation between nations would be possible for the world as a whole and would work out for human welfare. The presumption seems to favor a world society organized upon much the same plan as that which has everywhere developed in and between lesser communities, that is, a community of nations, with highly developed cooperation and with the violence of rivalry restricted by law founded upon sanctions of moral and physical force by the whole community of nations. The evolution of human society has been moving in this direction and recent events seem to be greatly accelerating such development. The German conception of the nation as the ultimate unit, with unrestricted struggle for survival between these several national units, until one becomes dominant and absorbs the others, seems to be contrary

to the whole current of social evolution, and its realization seems most improbable.

If a world community, and not the individual state, is the ultimate unit of social cooperation, of course the German conception of the state as the ultimate source of all law is false, the ultimate source of all enacted law being really the world community of nations, and the ultimate sanctions of such law being world sanctions, not national sanctions.

Let us further consider this point so frankly and so strongly urged by recent German social philosophers, namely that the state, being the ultimate source of law, is itself above the law. There are two great assumptions in this statement, and each deserves examination:—first, that the state is the ultimate source of law; second, that as it is itself the source of law it is above the law and not subject to it. Both statements I believe to be fallacious. Even leaving out of account the thought of a world community and its laws, the German conception of the state as the source of law is partial and inadequate. The state is the mechanism for enacting law and might be called the source for legal enactments. But so much of law as has the sanction of truth and its final authority, rests not upon the state but upon the underlying realities. There are physiological laws, if we may so call them, whose authority transcends all state enactments, there are similar economic laws, and there are moral laws far more vital in human relations than any national enactments. The state is not the source of fundamental law, that which the British name "the common law." Only the enacted forms for the outworking of the principles of this body of fundamental law are dependent upon the state. Truth itself is the ultimate source of all fundamental law, and human enactments will constantly change as men reach fuller appreciation of the realities of relation that underlie human intercourse. The state is but a means for assisting the citizen to conform to the fundamental realities. The statement of the Prussian cult, that government is the source of all law and so is above the law, as President King has so well said,[1] "cannot be thought through for the government of God himself," whatever definition we may take of the concept "God." God is not the source of moral law. The source of moral law is truth itself. Truth is. It is not derived. It exists not because of any enactment by God or man, but in itself, and it is the ultimate source and sanction for all law.

If it be true that there is this great body of fundamental law, resting upon the realities in human character and human relations, there seems no distinction between individuals and nations in responsibility to this body of essential, self-enacted law. No man, and no group or association of men, industrial, social, political, national, or world-communal, is above such law or free in any degree from obligation to it. It seems, indeed, most strange that any group of men could ever convince themselves that they were, as a group, free from this obligation, and it seems still more strange that they could declare this freedom in so shallow a formula as the statement that "the state is the source of law and so above the law."

Among the most important of the truths of human nature and affecting human relations are those that emphasize the human capacity for well-being and the privilege of promoting human welfare, a privilege and an obligation. These truths are as real as the phenomena of mass and mass attraction between material bodies, or any other physical natural phenomena and relations. They are an essential part of natural truth, and as such must be conformed to by any man of true scientific spirit. To disregard them is scientific dishonesty and dishonor. It is equally

unscientific for an individual or for any group of individuals.

In view of these considerations can it truly be said that "the Germans are the mightiest and the greatest race and nation?" Is it not rather true that among the highly developed peoples they are somewhat unique in the degree of their failure to perceive that body of scientific truth which we commonly call moral, that in reality they are in this regard either a naturally deficient people or an undeveloped people, a people mediaeval in their character as they are in their governmental institutions?

It is peculiarly difficult to determine whether national and individual qualities are, in any instance, due to inheritance or to education. Qualities due to nurture may become, after long training, so firmly established and so highly developed as to appear natural to the stock itself. One must always walk cautiously in this field and not condemn, as inherently defective, stock that is capable of restoration by reversing the evil education.

In this connection there is one consideration, to which I have elsewhere referred,[2] which merits attention. "A race, a nation, makes itself; it is not made or molded chiefly by outside influences. Nations are what they make themselves." The Germans, while always much given to philosophy, have never shown interest in moral philosophy. "Germany has never had a Carlyle, an Emerson, or a Lincoln, and this lack is no accident. John Knox, Carlyle and Lloyd-George are the product and the sign of the British fighting sense for justice. Bismarck and Goethe, with their marked lack of interest in the moral aspects of statecraft and philosophy, seem as truly characteristic of the German people." One must speak with some hesitation, for such judgments are peculiarly liable to error, but it surely seems that the somewhat unique German lack of interest in the philosophy of morals and the moral qualities of conduct, must be due to inherent racial character.*

But whatever its source, this deficiency makes untrue the statement that "the Germans are the mightiest and the greatest race and nation." They fail to conform to those fundamental scientific realities which we commonly call moral, and this failure renders them peculiarly unadapted in an environment in which there is a gradually increasing appreciation and realization of moral relation between nations. If it be true that cooperation is increasingly to replace unrestrained rivalry between nations, and that this cooperation is to conform to the moral realities, then Germany's deficiency makes her peculiarly unfitted for the life that is to be. Lack of adaptation to environment, unfitness for life as it has to be, is not strength but weakness. It seems, therefore, that the Germans, instead of being the "mightiest and greatest race," are really quite unique in their unfitness.

In general intellectual development the Germans stand among the stronger peoples. They have had one or more preeminent and several major musicians. They had in Goethe one of the world's great poets. Kant is one of the strongest-of philosophers, but his mother was Scotch. In social philosophy they have not reached beyond the ideal of economic efficiency and so have given no world-leaders. In astronomy and physics they have no rivals of Galileo, Keppler and Newton, but show a number of strong men of second rank. In zoological science they cannot equal Darwin or Pasteur, but in chemistry they show many of the ablest scholars. In invention, of course, they do not rival America, and in recent work in physics, biology and medicine Germany is hardly keeping pace with Britain and America. In general one may say German scientists have shown great diligence, much talent and some genius. In music, painting and sculpture Germany now shows little inspiration. In the

whole field of intellectual life she has had her full share of able men and has given the world a few great leaders. There is no marked intellectual lack in Germany, except her failure properly to evaluate moral phenomena, and her self-centered quality resulting in a remarkable inability to understand the psychology of other peoples.

Were there time it would be profitable to consider the historical evidence that the attempt to dominate the world by force, even when apparently successful, has not always proven abortive after a rather brief period, but has destroyed the people who followed the false hope. Judging by the past, this hope of forcible dominance might be taken as a sign of decadence and approaching elimination. In the opinion of the writer, German triumph in the present war would be the surest and probably the shortest road to the destruction of Germany.

Any thorough discussion of German racial qualities would be appropriate to a meeting of anthropologists and ethnologists rather than zoologists, and I shall not attempt to carry it much further. We may, though, note, before leaving this phase of the subject, that the German people seem to be of mixed stock. The South German is round-headed and of moderate stature; the North German is narrow-headed and of greater stature. If the word "Teuton" is to be applied at all, it cannot well cover both of these stocks. It seems better limited to the northern type, though in this northern stock there is admixture of Slavic blood.

There seem quite clear psychic differences, as well, between the two divisions of the German people. Dickinson writes:[3]—"It is significant evidence of the two Germanys that not one of the great German composers was a Prussian. Bach was a Thuringian; Mozart was Bavarian; Haydn an Austrian citizen, probably a Croat; Beethoven was born in Bonn of Flemish descent, on his father's side; Weber, although born in Holstein, was an Austrian; Schubert was an Austrian; Schumann was a Saxon; Mendelssohn was a Jew, born in Hamburg; Wagner was a Saxon; Brahms was born in Hamburg, of Saxon descent." Practically the same thing is true as to the German painters, sculptors, men of letters and philosophers, and among German scientists there is great preponderance of men from South and West Germany. Indeed ex-chancellor von Bulow writes:[4]—"German intellect had already reached its zenith without the help of Prussia. German intellectual life is predominantly the work of the South and West, achieved under the protection of her princes, small states and free cities. But the people who lived in the sandy soil of the Mark, in the plains east of the Elbe and the Oder, so scantily favored by nature, during the centuries which witnessed the growth of German culture in other parts of the country, prepared the future of Germany as a state in battles and privations under the rule of heroic and politic kings. German intellect was developed in the West and South, the German state in Prussia. The princes of the West were the patrons of German culture; the Hohenzollern were the political leaders and taskmasters." And further—"Prussia this rude and thoroughly prosaic state of soldiers and officials." These quotations bear the more weight when we remember that von Bulow is himself a Prussian Junker. All who have lived in Germany know that **Gemuthlichkeit** is a southern and western quality and not Prussian. Yes, the spiritual distinctions are probably more marked than the physical differences between the Northern and Southern Germans.

If cooperation is destined to come in larger and larger measure in the world-community, and national selfishness is to give way in considerable degree to international helpfulness, then the qual-

ities von Bulow emphasizes as most marked in the Prussian will be at a discount. Military genius will have to turn to other channels for its exercise, and state-centered statecraft must give way to a broader-visioned recognition of general human welfare. Sympathetic realization of human needs, founded upon a kindly appreciation of human character, must underlie statesmanship in the world community. It seems that so much of contribution to the larger world-life as is to be expected from Germany, is likely to come chiefly from the Southern and Western Germans. Freed from their present obsession with the Prussian cult of abnormal exaltation of the nation, may they not perhaps return to something of the mellowness evidenced in their music, in some of their philosophy and literature, and in the childlike beauty of their folk-life. But to gain their freedom from Prussian dominance may prove a most difficult thing. They have been long trained to obedience rather than manly independence, **and they are of a stock to which such training has been possible.** There is in the Prussian Junker a true devotion to an ideal, and the inadequacy and utter unworthiness of this ideal should not blind us to the possible value of the quality of devotion. If the more human element among the Germans could be redeemed and developed and could bring Germany to more normal spiritual life, the long training in devotion to the nation might be utilized to energize the new and sounder purposes. But who can look with confidence to any such result?

Efficiency recently has been the German ideal and has been increasingly emphasized for more than a generation. But efficiency is in itself no worthy goal. It is but a means to an end. I think the world is becoming a bit weary of that efficiency which is measured in manufactured products and stored wealth. That is true efficiency which makes for human well-being. That is real efficiency which promotes not abundance of goods, but abundant life, and the chief satisfaction in life is not in comforts and ease, but in the fun of the game and the pleasure of fellowship in the playing of it.

Some of us look with a degree of hope to the time when those high and fine qualities which count in the game and its joy shall so appeal to the souls of men that marriage selection, both voluntary and under communal guidance, will gradually breed into humankind the strength and beauty that shall increasingly underlie the developing and perfecting world-community. In that day, if it comes, I think men will look back upon the German culture, or rather the Prussian cult, of the present generation, as a strange aberration.

But returning to the phenomena of the present war:—one thing seems to stand out most clearly, namely, that the moral sense of mankind, if outraged, is a mighty factor in determining success in the struggle between nations. Germany's failure to realize this fact has cost her dear. She has failed to conform to this salient feature of her environment and must reap the result of her unfitness for life as it is in some of its most fundamental aspects. The awful demonstration of the inviolability of moral truth, as of all other truth, may prove in the end to be worth far more than even its fearful cost.

For our own nation and for all others, the lesson is emphasized that for the development of real national strength, conformity to natural law is essential, and of the categories within this great body of fundamental law that group which we call moral and spiritual is not of secondary importance. Conservation of our national resources must include promotion of moral strength and of understanding sympathy with humanity.

I will now read citations from different German writers, to show that my statement of the German position was very moderate.

First as to **German preeminence:**—

The present German emperor (1914), from a proclamation to the Army of the East: "Remember that you are the chosen people." Again from the emperor:[5]—"The greater Germany which some day must dominate all Europe."

From Professor Lasson:[6]—"We are morally and intellectually superior to other nations: we are without equals."

Die Zukunft[7] (1901):—"After all, it is obviously the meaning of history that the white race under the leadership of the Teutons, should attain a real and definite domination of the world."

Fritz Bley[8] (1897):—"We are the most capable nation in every field of science, in every branch of fine arts."

Ernst Haeckel[9]:—"One single highly cultivated German warrior of those who are, alas, falling in thousands, represents a higher intellectual and moral value than hundreds of the raw children of nature whom England and France, Russia and Italy oppose to them."

Adolf Grabowsky[10] (1914):—"Today nothing is more urgent than this—that the will to conquer the world should take possession of the whole German people."

Ludwig Woltmann, "Politische Anthropologie" (1903):—"The most distinguished men in modern spiritual history were for the most part Teutons of the full blood, such as Durer, Leonardo da Vinci, Galileo, Rembrandt, Rubens, Van Dyck, Voltaire, Kant, Wagner. Others show an intermixture of the brunette race . . . as in the case of Dante, Raphael, Michael Angelo, Shakespeare, Luther, Goethe, Beethoven. . . Dante, Raphael, Luther and the others were geniuses not because of, but in spite of their mixed blood. Their endowment was an inheritance from the Teutonic race. . . . The entire European civilization, even in Slav and Latin countries, is the work of the Teutonic race. . . . The Teutons are the aristocracy of humanity. . . . Whoever has the characteristics of the Teutonic race is superior. . . . The cultural value of a nation is measured by the quantity of Teutonism it contains."

Lieutenant Karl A. Kuhn[11] (1914):—"Kultur must build its cathedrals on hills of corpses, seas of tears, and the death-rattle of the vanquished." The mixed metaphors do not hide the thought.

Natural Selection Among Nations.

Bismarck:[12]—"Not by speeches and resolutions of majorities are the great questions of the time decided, but by iron and blood."

Nietsche:[13]—"Ye shall love peace as a means to new wars, and the short peace more than the long."

Lasson:[14]—"Separate states are therefore by nature in a state of war with each other. Conflict must be regarded as the essence of their relations and as the rule, friendship and accidental and exceptional."

Ernst Hasse[15] (1908):—"The worst of hypocricies is the participation of Germany in the Hague conferences."

Treitschke:[16]—"The erection of an international court of arbitration as a permanent institution is incompatible with the nature of the state. Only in questions of second or third importance could it in any case submit itself to such a court of arbitration. . . . The living God will take care that war shall always return as a terrible medicine for the human race. . . . We have learned the moral majesty of war precisely in those of its characteristics which to superficial observers seem bestial and inhuman."

Bernhardi (1914):[17]—"The efforts directed toward the abolition of war must be termed not only foolish, but absolutely immoral, and must be stigmatized as unworthy of the human race. The weak nation to have the same right to live as the powerful and vigorous nations! . . . War is a biological necessity of the first importance. . . .

War gives a biologically just decision.''

Otfried Nippold (1913)[18]—''. . . . war is not only from the biological and true kultural standpoint the best and noblest form of the struggle for existence, but . . .''

Power the Goal for a Nation.

Lasson:[14]—''Kultur exists for the purpose of making itself effective as power.''

Treitschke:[16]—''The state is first of all power to assert itself. . . . Hence the obvious element of the ridiculous that attaches to the existence of small states. . . . The whole development of our company of states [the five great powers] aims unmistakably at ousting the states of second rank.''

From a petition by 352 German professors in favor of annexations (1917): —''No policy of kultur without a policy of power.''

Daniel Frymann (1912):[19] **apropos** Belgium and Holland:—''For today only those states can assert a right to independence that can secure it sword in hand.''

Germany Above Moral Obligations.

The present emperor, in a speech to the Chinese Expeditionary Force, July 27th, 1900:—''You know very well that you are to fight a cunning, brave, well armed and terrible enemy [the Boxers!] If you come to grips with him, be assured quarter will not be given, no prisoners will be taken. Use your weapons in such a way that for a thousand years no Chinese shall dare to look upon a German askance. Be as terrible as Attila's Huns.''

Lasson:[14]—''In the intercourse of state with state there are no laws, and there can be none. . . . A war may be waged for political interests, but never for an idea. . . . Between states there is but one sort of right—the right of the stronger. . . . In the relations between states this right of the stronger may be said to be moral. . . . There is no legal obligation upon a state to observe treaties. . . . A state cannot commit a crime. Treaty rights are governed wholly by considerations of advantage.''

Pastor Baumgarten:[20]—''Anyone who cannot bring himself to approve from the bottom of his heart the sinking of the Lusitania . . . and give himself up to honest joy at this victorious exploit of German defensive power—such an one we deem no true German.''

Professor Oswald Flamm (1917):[21]—''If neutrals were destroyed so that they disappeared without leaving any traces, terror would keep seamen and travelers away from the danger zones.''

Otto Richard von Tannenburg[22] (1911):—''A policy of sentiment is folly. Enthusiasm for humanity is idiocy. Charity should begin among one's compatriots. Politics is business. Right and wrong are notions needed in civil life only. The German people is always right, because it is the German people and because it numbers 87,000,000.''

Maximilian Harden[23] (1914), one of Germany's most independent thinkers: ''Germany is striking. Who gave her leave? Her right is in her might.''

Karl Peters[24] (1915):—''It is foolish to talk of the rights of others.''

Thomas Mann[25] (1914):—''Kultur is above morality, reason, science.''

Lieutenant Karl A. Kuhn[11] (1914):—''The power of the conqueror becomes the supreme moral law to which the vanquished must submit.''

Clausewitz,[26] the great teacher of modern Germany:—In war ''the errors which proceed from a spirit of benevolence are the worst.''

General von Hartmann:[27]—''Military action . . . in its procedure is completely ruthless. . . . Recognize no other law than that of military necessity.''[28]

Bernhardi:[17]—''Might is at once the supreme right.''

M. Stirner:[29]—''What does right matter to me? I have no need of it.

What I can acquire by force, that I possess and enjoy. . . . I have the right to do what I have the power to do.''

Rudolf Theuden (1914):[30]—''In international relations magnanimity is wholly out of place. . . . For the will of the state no other principle exists but that of expediency, . . . selfishness, . . . farseeing, shrewdly calculating selfishness.''

Also a number of quotations to show that these conceptions are not merely academic, but are put into practice.

From an official placard in Belgium:[31]—''In case any of the inhabitants fire upon soldiers of the German army, one-third of the male population will be shot.''

General von Bulow;[32] Belgian proclamation:—''With my authorization, the general commanding these troops has reduced the town to ashes and has had 110 persons shot.''

General von der Goltz, in a proclamation in Brussels (1914):[33]—''In future the inhabitants of places situated near railways and telegraph lines which have been destroyed will be punished without mercy, whether they are guilty of this destruction or not. . . . The hostages '[that have been taken in all such places]' will be shot immediately.''

From the orders of the day by General Stenger, commander of the 58th Brigade, August 28, 1914, in France:—''Beginning with today, no more prisoners are to be taken. All prisoners are to be put to death. The wounded, whether armed or not, are to be put to death. Prisoners, even when they are organized in large units, are to be put to death. No living man is to remain behind us.''

Then two quotations to show that such orders were carried out.

From a letter by a noncommissioned officer of the 154th Infantry, published in a Silesian paper under date of October, 1914, being an account of fighting in France:[34]—''No quarter is given. . . . The wounded are hammered and stabbed. . . . Whether they are slightly or mortally wounded, our brave musketeers save the fatherland the costly care of numerous enemies.''

From a letter to his fiancee, by a Bavarian soldier, Johan Wenger (1915):[35]—''I have also bayonetted a good number of women. During the battle of Budonwiller, I did away with four women and seven young girls in five minutes. The captain told me to shoot these French sows, but I preferred to run my bayonet through them.'' Whether this soldier did as described, or was only boasting of a noble deed to which he could not honestly lay claim, makes little difference in its bearing upon the point under consideration.

I feel I almost should apologize for reading to you such citations, those from the emperor and all through the list, but the facts must be faced.

Finally in regard to racial qualities.

A single quotation from the poet Goethe:—''The Prussians are cruel by nature; civilization will make them ferocious.''

---

*Kant indeed emphasized the categorical imperative in his philosophy, but three things should be noted: (1) that Kant s philosophy was purely abstract; (2) that it has never registered in German social life, and (3) that Kant was himself half Scotch in descent and more than half Scotch in intellectual type. Luther placed his chief emphasis upon faith, and while he preached personal righteousness, it is not this part of his message that has passed into German life. His influence, as seen today, is more ecclesiastical than vital.

The Orchard Laboratory, Oberlin, Ohio, December 10, 1917.

CITATIONS.

1—Henry C. King: "Grounds of Hope in the Changing World Order," 1917.
2—Maynard M. Metcalf: "The Problem of Germany," New York Times, Sunday, September 16, 1917.
3—Edward Dickinson, quoted by John Burroughs: "A Dual Germany," New York Times, April 19, 1917.
4—"Imperial Germany."
5—From a proclamation of June 5, 1915.
6—From a letter published in "The Amsterdammer," October 11, 1914.
7—September 7, 1901.
8—"Die Weltstellung des Deutschtums."
9—"Ewigkeit: Weltkriegsgedanken," 1915.

10—"Das Neue Deutschland."
11—"Die Wahren Ursachen des Weltkrieges."
12—Addressed to the military committee of the Prussian Chamber of Deputies, 1862.
13—"Thus Spake Zarathustra," translated by Common, 1911.
14—"Das Kultur und der Krieg."
15—"Die Zukunft des deutschen Volkstums," 1918.
16—"Politik."
17—"Germany and the Next War," translated by Powles, 1912.
18—"Der deutsche Chauvinismus."
19—"Wenn ich der Kaiser War," 1912.
20—"Deutsche Reden in schwerer Zeit," No. 25.
21—Die Woche, quoted in New York Times, May 15, 1917.
22—"Grossdeutschland: Die Aufgabe des zwanzigsten Jahrhunderts."
23—Die Zukunft.
24—"Not und Weg."
25—Neue Rundshau, November, 1914.
26—"On War."
27—Militarische Notwendigkeit und Humanitat, in "Deutsche Rundshau," xiii, 1877.
28—Idem, xiv, 1878.
29—"Der Einzige und sein Eigentum."
30—"Was uns der Krieg bringen muss," 1914.
31—Hasselt, Belgium, August 17, 1914.
32—Liege, Belgium, August 22, 1914.
33—Brussels, Belgium, October 5, 1914.
34—Jauersches Tageblatt, October 18, 1914.
35—Dated Peronne, March 16, 1915.

THE ILLEGITIMATE BABY'S RIGHTS.

The rights of illegitimate children and the State's responsibility for seeing that every child, no matter what his parentage, has the nurture, protection, and education essential to his usefulness as a citizen are for the first time given complete national recognition in the Norwegian laws concerning illegitimate children, according to a report issued today by the Children's Bureau of the U. S. Department of Labor.

These laws make the State instead of the mother responsible for establishing paternity. The State holds both parents equally and continuously responsible for the illegitimate child—"The child shall be entitled to bringing up—maintenance, training, and education—from both its father and its mother." The report contains a translation of the several Norwegian laws, with amendments, on illegitimate children and their care. A history of the efforts through which the legislation was secured is given in the introduction.

The attitude which looks upon illegitimacy as a child-welfare problem that must be solved for the sake of the child and of the State is exemplified by this Norwegian legislation. In connection with its studies of the bearing of the war upon child welfare the Children's Bureau examined the evidence obtainable but could not find that it justified the statements that have been circulated of widespread increase in illegitimacy since the war. The Bureau believes, however, that the needs of the illegitimate child must be considered in the Children's Year campaign "to save 100,000 children's lives during the second year of the war and to get a square deal for children." In the Children's Year Working Program attention is called to the necessity of providing opportunity for normal development to the child of unmarried parents.

SOUTHERN CALIFORNIA PRACTITIONER.

A MEDICAL, CLIMATOLOGICAL AND SOCIOLOGICAL MONTHLY MAGAZINE.
This journal endeavors to mirror the progress of the profession of California and Arizona.
Established in 1886 by Walter Lindley, M.D., LL.D.
DR. GEORGE E. MALSBARY, Editor and Publisher.

Address all communications and manuscripts to
EDITOR SOUTHERN CALIFORNIA PRACTITIONER,
Subscription Price, per annum, $2.00. 1414 South Hope Street, Los Angeles, Cal.

EDITORIAL

INSTITUTIONS OF DEBAUCHERY.

With all our knowledge of the resultant evils of intemperance and licentiousness, physicians must continue to deal with human frailties and to lessen and combat so far as they can the injuries caused by alcoholics and the venereal infections. These problems will probably not fall from our shoulders until there is an essential change in human nature or a real awakening of the public conscience. We would not urge the immediate elimination of these subjects from our medical curriculum, since they are problems that will continue to perplex our profession. The world is undoubtedly growing better, though the brightness of the sunshine may at times be somewhat dimmed by passing clouds. In general, both alcoholism and the venereal infections are causing less suffering and curtailment of human life than ever before within the memory of our oldest members, and the outlook for the future is truly optimistic.

The evil tendencies and baneful influences of the saloon and commercialized prostitution are so generally recognized, especially by physicians and sanitarians, that no sane argument can be adduced in favor of their perpetuation, with the possible exception of the dangerously selfish plea afforded by the financial returns to their promoters. There is nothing altruistic about them. Indeed, it is unfortunate that their memory should be perpetuated in the history of our times.

DO YOU DRINK ALCOHOLICS?

Is so, This Is the Price!

The following interesting information was compiled by Dr. W. W. Hitchcock, medical director of the Occidental Life Insurance Company:

Every pint of brandy you drink shortens your life expectancy 11 hours.

Every pint of beer cheats you out of 25 minutes of life.

Those who use alcoholic drinks consistently, shorten their lives from four to six years.

There are two classes of moderate drinkers—class "A" and class "B."

Class "A" are those who take two glasses of beer or one drink of whisky a day.

Class "B" are those who take more but are not considered excessive drinkers.

The mortality in class "B" is 50% higher than in class "A."

The mortality of one of the largest insurance companies in the United States shows that from the year of 1879 to 1899, the death rate in abstainers was 78% of the expected, while among non-abstainers, it was found to be 96% of the expected. (Hunter)

8.4% of the mortality of the United States is due to alcoholics, or in other words, 65,897 die each year (one every 8 minutes). (E. B. Phelps)

23% of suicides in the United States are directly due to INTEMPERANCE.

70% of all crime is due to intemperance.

If you use alcohol in any form you are a SUBSTANDARD INSURANCE RISK.

EDITORIAL NOTES

Lieut. Gail Fehrensen of Englewood has been ordered to Alcatraz for duty.

Dr. Percy G. White has received his commission as Major and is awaiting orders.

Lieut. John H. Bryer of Pasadena has been ordered to San Francisco for instruction.

Capt. Ralph Hagan of Los Angeles has also been ordered to San Francisco for instruction.

Dr. Joseph H. Martin, a retired physician, 75 years old, died in Los Angeles on May 9th, 1918.

Capt. Geo. Ensley of Whittier has been ordered to the Base Hospital at Camp Fremont, Palo Alto, Cal.

Dr. W. P. Milspaugh has taken offices in the Brockman Bldg., corner 7th and Grand Ave., Los Angeles, Cal.

Dr. Chas. Warmer of Ontario has received his commission as Lieutenant and is now stationed at Ft. Riley.

Lieut. Asa G. Woodward of Los Angeles has been ordered to Camp Lewis, American Lake, Washington, for duty.

Dr. E. W. Burke and Dr. W. P. Burke, both of Redlands, have received their commissions in the Medical Reserve Corps.

Capt. Stephen Y. Van Meter of Los Angeles has been ordered to the Base Hospital at Camp Travis, Ft. San Houston, Tex.

Dr. L. H. Conlantz of Santa Maria has been commissioned as First Lieutenant and for the present stationed at San Francisco.

Lieut. G. S. Porter has been attached to the Medical Corps of the Air Service Division in the U. S. Army and located in Portland, Ore.

Lieut. L. M. Smith, of San Bernardino, has been ordered to Starkville, Mississippi, to attend to the examination of drafted men.

Surgical nurse wishes position as doctor's assistant in surgery. Can furnish good references. Call Surgical Nurse, Wilshire 245, or 53088.

Dr. Clarence G. Toland recently received his commission as Major and was ordered to the Letterman Hospital, San Francisco, for duty.

Dr. E. R. McPheeters, Chief Surgeon of the Shannon Hospital at Clifton, Arizona, has received his commission and is expecting a call any day.

Dr. W. D. Bishop of the Soldiers' Home medical staff at Sawtelle, was recently ordered to report at the Base Hospital at Camp Kearny for duty.

Dr. J. P. Gregg has installed machinery in Redlands and is now manufacturing Yucca Surgical Splints. A Los Angeles firm has recently shipped to the

Red Cross five carloads of these Yucca Splints.

Dr. Edward Everett Treadway of Pasadena died at Camp Kearny on May 21 of spinal meningitis, contracted while in the performance of duty in the camp.

Office location with a lease and office fixtures, instruments, including X-ray and laboratory equipment, for sale. Address Practitioner for further information.

Capt. Levi L. Higgin of Pasadena has been ordered to San Francisco for instruction and from there to the Base Hospital at Camp Cody, Deming, New Mexico.

Lieut. Walter D. Bishop of Sawtelle has also been ordered to San Francisco for instruction and from there to the Base Hospital at Camp Kearny, Linda Vista, Cal.

Dr. W. B. Wells has been appointed a member of the Board of Health of Riverside, succeeding Dr. C. W. Girlestone. Dr. Wells was thereupon appointed Health Officer.

At the meeting held May 30, 1918, the following additional were elected: Dr. L. M. Murphy, 414 Laughlin Bldg., Los Angeles; Dr. Virgil McCombs, 403 Story Bldg., Los Angeles.

Lieut. Julius Rugg Hamilton of Los Angeles has also been ordered to San Francisco for instruction and from there to the Base Hospital at Camp Lewis, American Lake, Wash.

Dr. Ed. Channing Folsom, age 72 years, died on May 11, 1918. Dr. Folsom was a graduate of Harvard University and had for forty years been a practicing physician in Santa Monica.

Capt. H. Z. Osborne, member of Congress from Los Angeles, is actively at work endeavoring to have located in Los Angeles a Hospital Vocational Training Institute for convalescent soldiers.

Chief Surgeon John P. Gilmer of the Receiving Hospital has a commission in the United States Navy, resigned, to take effect June 15th, when C. G. Stadfield was elected Chief Surgeon. Dr. Gilmer is expecting to go to sea very soon.

Dr. Guy Cochran, second in command of the Navy Base Hospital Unit No. 3, now stationed in Philadelphia, paid Los Angeles a six days' visit early in May. Dr. Cochran was in perfect health and said that the unit gathered by Dr. Rea Smith had no idea as to when it will be ordered across the Atlantic.

Dr. H. Zaiser of Santa Ana was recently elected president of Orange County Medical Society. Dr. G. M. Tralle of Santa Ana, vice-president; Dr. C. Violett of Garden Grove, treasurer; Dr. C. D. Ball of Santa Ana, librarian, and Dr. W. C. Du Bois was re-elected secretary.

Dr. A. W. Clark of Hollywood, 70 years old, has gone to France as a volunteer to have charge of work looking after the Belgian and French orphans.

Dr. J. G. Baird has resigned from the Riverside City Board of Health. Dr. Baird is still County Health Officer of Riverside.

The Los Angeles Medical Association at the meeting held May 16, 1918, elected the following new members: Dr. F. W. Siegmund, 504 Garland Bldg., Hahneman, Chicago, 1910; Dr. Charles Shickle, 508 Story Bldg., Univ of Michigan, 1890; Dr. Stanley Boller, 607 Investment Bldg., Harvard Med. Col., 1915; Dr. Frank M. Mikels, 630 First Natl. Bank Bldg., Long Beach, Cal.

Dr. J. J. Choate, age 66 years, for 35 years a resident of Los Angeles, suddenly died from heart disease on June 1st. During the Spanish-American War Dr. Choate was a Major in the army. The doctor was a genial and beloved member of the profession. He was not at all aggressive, but went

along faithfully attending to his practice and being satisfied with that. To his patients he was generous to a fault, never sending in a bill but ever ready to go day or night at the call of the suffering.

The following were elected new members of the Los Angeles County Medical Association at the meeting held May 9th, 1918: Dr. J. J. O'Brien, 433 Title Ins. Bldg.; Dr. S. J. Brimhall, 405 S. Hill St.; Dr. Hannah Beatty, 1016 Baker-Detwiler Bldg.; Dr. Helen Hunt, 608 Hollingsworth Bldg.; Dr. L. D. Hollingsworth, 701 Garland Bldg.; Dr. J. Thorton, 923 Story Bldg.; Dr. Roy Frederick Ruth, L. A. County Hospital; Dr. George Schenck, L. A. County Hospital; Dr. James Flint, 403½ Brand Blvd., Glendale.

Orders have been received by officers of the Medical Reserve Corps from Southern California as follows:

Honorably discharged in order that he may accompany a Mission to Persia, Capt. Joseph W. Cook of Redlands.

To Camp Kearny, Base Hospital, Capt. Henry W. Mills of San Bernardino and Lieut. Wallace Dodge of Los Angeles.

To Ft. Riley for instruction, Lieut. Wm. A. Swim of Los Angeles.

To New York City, Cornell Medical College for instruction in Military Roentgenology from Ft. Riley, Lieuts. Joseph Saylin of El Monte and Frederick B. West, Los Angeles.

Col. C. W. Decker of Camp Kearny passed through Los Angeles May 24, 1918, on his way East to report to a Commanding General at one of the Atlantic camps. On Wednesday the 22nd the Division Surgeons and other medical officers of Camp Kearny gave a farewell dinner to Col. Decker. Maj.-General Frederick S. Strong was present and in a very heartfelt speech spoke of Col. Decker's great work at Camp Kearny, which began with the establishment of the camp. General Strong said that it was not only an official loss, but to him a personal loss. He said this order for Col. Decker to go East was in the line of promotion which he richly deserved.

Dr. M. L. Moore has the sympathy of the profession. He had a wonderfully successful organization which was doing a tremendous work; then first his son, Dr. E. C. Moore, enlisted and received his commission as Major and is now in service. Then Dr. C. G. Toland and Dr. Percy G. White received their commissions as Majors and one has gone and the other will leave soon. Dr. Butler received his commission as First Lieutenant and is stationed at Camp Taliaffero, San Diego, and now Dr. M. L. Moore is left with two or three of his original organization. The very same spirit that made the Moore, White & Toland combination so successful is the spirit that impelled them all to enlist and to do their full duty in this war.

BOOK REVIEWS

SHALL DISEASE TRIUMPH IN OUR ARMY? A plea for the Reorganization of the Medical Department of the United States Army. By Major Louis Livingston Seaman, Late Surgeon-Major, U. S. V. E. Published by the American Defense Society, Inc., National Headquarters, 44 East 23rd Street, New York.

The first part of this volume is composed of extracts from the authors "From Tokio Through Manchuria with the Japanese," and the remainder and major part contains extracts from his volume on "The Real Triumph of Japan." It emphasizes the excellent work of the Japanese in disease prevention during their war with the Russians, during which conflict disease caused only one-fourth as many deaths as the battle casualties. During our Spanish war, disease caused about seven times as many deaths as the battle casualties. But you must read these

volumes, if you have not already done so. They show the wisdom of delegating sufficient authority to the medical department to make its work effective.

SMITHSONIAN INSTITUTION. Annual Report of the Board of Regents, showing the Operations, Expenditures, and Condition of the Institution for the year ending June 30, 1916. Washington: Government Printing Office, 1917.

The annual reports show continued improvement in the very excellent work of this Institution, of which all Americans may well be proud. We might well regard it as a national calamity should the scientific work of our Smithsonian Institution be in any wise neglected. If you neglect perusing the reports of the Institution, you are doing yourself an injustice.

A MANUAL OF HISTOLOGY. By Henry Erdmann Radasch, M.Sc., M.D., Assistant Professor of Histology and Embryology in the Jefferson Medical College, and Instructor in Anatomy in the Pennsylvania Academy of Fine Arts, Philadelphia, Pennsylvania. With 307 Illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. $2.50 net.

The science of Histology has advanced so much since the first appearance of the predecessor of this volume, that a sufficiently adequate presentation of the subject for students requires more space than the usual amount available in a quiz compend. The compend was, therefore, used as the basis for this expansion and has been incorporated into the text of this Manual. The chapter on Technic, or Practical Histology, has been enlarged to meet the requirements of routine work in laboratories of normal and pathologic histology and hematology. The other chapters have been materially increased, especially that of the Nerve System. In this a general consideration of the external anatomy, or morphology of the brain, has been given in a sequential manner, and the internal anatomy, or Histology, has been taken up in the same manner. The various pathways have been given separate consideration so that this chapter is of use to those studying Neuroanatomy and Neuropathology. Many illustrations have been added and 40 photomicrographs have been utilized. It is a good condensed work on Histology, useful to the student and the practitioner who has not the time for the perusal of more elaborate works on the subject.

INTERPRETATION OF DENTAL AND MAXILLARY ROENTGENOGRAMS. By Robert H. Ivy, M.D., D.D.S., Major, Medical Reserve Corps, United States Army; Associate Surgeon, Columbia Hospital, Milwaukee; Formerly Instructor in Oral Surgery, University of Pennsylvania. With 259 Illustrations. St. Louis: C. V. Mosby Company, 1918.

This excellent little volume is illustrated largely by reproductions of dental film negatives, as distinguished from prints, the bone and hard tissues showing light and the soft tissues and spaces dark, as in the original negatives. It is a work worthy your possession, if you are interested in the subject. And practically all up-to-date physicians and dentists are interested in the interpretation of dental and mixillary roentgenograms. The use of the term "odentogram" is to be commended.

ORAL SEPSIS in its relationship to SYSTEMIC DISEASE. By William W. Duke, M.D., Ph.D., Kansas City, Professor of Experimental Medicine in the University of Kansas Medical School; Professor in the Department of Medicine in the Western Dental College; Visiting Physician to the Christian Church Hospital; Consulting Physician to the Kansas City General Hospital, Kansas City, Mo., and to St. Margaret's Hospital, Kansas City, Kansas. With 170 Illustrations. St. Louis: C. V. Mosby Company, 1918.

In the limited space of 124 pages the author has well presented the rather complex relationship which frequently exists between infections of the gums and alveolar processes and certain systemic disorders. That these are not altogether of modern recognition is emphasized by an article quoted from Benjamin Rush describing cases he saw in 1801. The volume is well illustrated and it is one of the most interesting monographs we have read for a long time.

MISCELLANEOUS

SURGEON-GENERAL GORGAS IS SIXTY-THREE YEARS YOUNG.

The Washington Post on May 7 is responsible for the statement that Surgeon-General Gorgas will reach the retiring age of sixty-four on October 3, 1918. Of course this does not mean that General Gorgas will be retired in October, because no one would consider retiring a man who every day is demonstrating his youth and efficiency in a position of such great responsibility as that of Surgeon-General of the United States Army during the greatest war in history.

Those who are in a position to know, regard General Gorgas as second in efficiency only to President Wilson; and they marvel at the work he has accomplished in the past year. Only a young man in vigorous health could have lived through what the General has done since the war began. Office hours begin in his office at 9 o'clock, but General Gorgas is there by 8 or 8:30, and he is one of the last to leave in the afternoon. He walks to and from his work, more than a mile, every day, and he climbs up and down the seven flights of stairs in the Mills Building several times a day, because he likes the exercise and sometimes cannot wait for an elevator.

Years ago General Gorgas demonstrated that the white man can live, thrive and accomplish as much in the tropics as in colder climates, if malaria and other tropical diseases have been eradicated. Now some are believing that he discovered somewhere on the Isthmus of Panama the fountain of youth that Ponce de Leon sought in vain in the sixteenth century. At any rate, it is believed in Washington, too, that the two best places of residesce in the world for developing youth and efficiency are Princeton and Panama.

It is just possible that there exists in Jersey and Panama a variety of mosquito that transmits to those whom it bites the germs of youth and efficiency. This theory, however, does not seem tenable, because the French were bitten by mosquitoes in Panama and died by the thousands, and some are said to have been bitten by the Jersey mosquitoes, and all the inhabitants of New Jersey cannot be considered presidential timber.

President Wilson is somewhat younger in years than General Gorgas, and since he has one of the best doctors in the country to see him every day, to keep him well, he may be expected to continue his wonderful degree of efficiency for many years. General Gorgas is his own doctor and he is engaged in the small undertaking of keeping a million and a half boys and young men from catching measles, pneumonia and some diseases that do not affect the respiratory organs, that afflict those who have not learned how to take care of themselves—and he is doing both jobs better than any man before him ever did. If one knows of the regular life and simple and abstemious habits of General Gorgas he can understand how at sixty-three years he is younger than many men at forty. If all the soldiers lived the hygienic life that he follows, the Army sickness and death rate would be negligible, though it should not be forgotten that the morbidity and mortality rates among our troops are less than half those in the Spanish-American War, and are lower than those of any other army that was ever gotten together.

Of course no one has considered it possible for General Gorgas to be retired during this war. Millions of mothers and fathers and other relatives and friends of our soldiers thank God every day that General Gorgas is directing the army of doctors who are fighting diseases that are as dangerous and that are as insidious enemies to

mankind as the Huns. They feel comforted every day on realizing that Gorgas is safeguarding the health and lives of their boys.

Aside from the fact that there is no one who could so ably take the place of General Gorgas as Surgeon-General, the United States and the world owe him such a debt of gratitude that he could not be retired until his labors during the present war have been completed. His conquests over disease have been more brilliant and epoch-making than those of any general who has fought battles against man. Gorgas has brought health and happiness to millions while wars against man have made countless thousands mourn.

The Gorgas in the Surgeon-General's office at Washington today is the same quiet, smiling, genial man who eradicated yellow fever from Havana for the first time in centuries. He is the same efficient genius in organization, whose achievement in the sanitation of the Canal Zone, President Taft said, "made possible the completion of the greatest industrial undertaking in the history of the world." He is the same Gorgas, but with greater experience, whom the British Government sent for to go to South Africa to study conditions and advise methods for preventing pneumonia that was killing thousands of miners in the Rand and in Rhodesia. All these tasks which he accomplished prepared him for the great work in which he is now engaged; and history does not record anything more remarkable than the training, in less than a year, of the great army of doctors, nurses and hospital attendants who now protect and care for our sick and wounded soldiers in this country and France.

The wisest, the most considerate man in the world appoints the next Surgeon-General of the United States Army; and since President Wilson holds justice and efficiency in such high esteem, there can be no doubt of the reappointment of Surgeon-General Gorgas when his term expires, or when he comes to the age of retirement. If the President has not the legal right to appoint a retired officer as Surgeon-General, Congress will enact a law giving him that privilege. Our country and the world need General Gorgas too much for his retirement to be considered until we and our Allies have conquered the Huns.—Editorial, Southern Medical Journal.

SOUTHERN CALIFORNIA PRACTITIONER.

Vol. XXXIII. LOS ANGELES, JULY, 1918 No. 7

TUBERCULOSIS COMPLICATING PREGNANCY.

This subject might be studied under the two heads (1) The effect of tuberculosis on pregnancy, (2) The effect of pregnancy on tuberculosis.

(1) **The effect of Tuberculosis on Pregnancy.**

Friedman by a series of ingenious experiments with guinea pigs demonstrated that the bacillus could be introduced by means of the spermatozoa. So we must consider that congenital tuberculosis is possible, but very rare, and more often found in advanced cases where the placenta is involved in the process. In twenty cases where pregnant women died of tuberculosis there were found nine cases of tuberculosis of the placenta. In a series of less advanced cases there was found involvement of the placenta in only 15% of the cases.

When the mother has the proper care good nourishment and plenty of rest there is very little tendency to abortion except in advanced cases where there is not sufficient oxygenation. In advanced cases a very small amount of exercise may be an over-exertion and thus cause abortion or miscarriage.

Death of the fetus in the later months of pregnancy may be due to tuberculosis. Twenty-two such cases have been collected in which the bacillus has been demonstrated in the fetus. For this to occur there are two elements that must be present: (1) The bacillus must be present in the mother's blood as in general miliary tuberculosis and (2) There must be a break, or a lesion in the placenta.

(2) **The effect of pregnancy on tuberculosis.**

(a) Upon the mother; There is a large class of patients that have been called candidates for tuberculosis who have no active lesion, but have good soil for infection. These cases if they have the best of care, good nourishment, fresh air, etc., will do very well and often gain in general health during their pregnancy, but often begin to fail later, especially if there has been a difficult labor, much loss of blood, or the mother has been allowed to nurse the baby.

Fibroid cases unless far advanced may go through the term of pregnancy with very little ill effect, but the deliv-

Read before the Los Angeles Obstetrical Society May 8, 1917.

ery and after care of the baby increase the progress of the disease.

In cases where the tubercular process is localized, and has been healed for several years the patient may do very well, if she can have otherwise ideal conditions. But there is always great danger of a difficult labor starting the disease afresh. If the process is localized, patient losing a little weight, with slight rise of temperature; pregnancy in most of such cases will very materially hasten the process, especially if patient is young. If the mother lives through the term she is very likely to go down very rapidly after delivery.

A few cases where the patient had advanced tuberculosis, pregnancy has been known to take place, and the mother has lived through to have a short, easy labor only to die very shortly after. But most of these cases either abort, or die before term.

In cases where the mother has half a chance nature seems to do much for her by increasing the nourishment of the general system and in that way a process that is not too far advanced may be held in check until resistance is lowered by labor, loss of blood, care of child, etc., then the patient will lose very rapidly.

(b) Effect on the child—As we have noted cases of congenital tuberculosis are possibly very rare. More often the child does not receive the bacillus direct from the mother, but receives the toxic properties of the mother's system, which produces a child of lowered vitality. Many of them pass away in the first two years, often with pneumonia. Others form the class of patients called candidates for tuberculosis, often developing the disease shortly after adolescence or under the strain of hard confining employment—many of the children develop chronically infected tonsils, enlarged lymphatic glands, anemia, middle ear trouble and sometimes tubercular meningitis.

Often a tubercular mother gives birth to a child that to all appearances is in good physical condition and if the child can be kept away from the mother and under favorable circumstances will grow to be a strong adult.

Treatment:—First, persons with active tuberculosis should be prohibited marriage. If the condition is one of quiescence and the patient insists on marriage or is already married the grave danger of bearing children should be impressed upon them both, the danger to the mother and the child.

The patient seldom ever consults a physician until after pregnancy has taken place, then what shall we advise? That will depend somewhat upon the period of pregnancy and the stage of the tuberculosis.

If the patient is in the early months of pregnancy and she shows any signs of an active tuberculosis we should insist upon the uterus being emptied. If a mother hasn't good surroundings, has to work hard, has poor nourishment, etc., the uterus should be emptied if there are any symptoms of tuberculosis.

The patients that have been classed as candidates for tuberculosis should be especially watched if the vomiting keeps up very long.

Patients having lesions that have been healed for a number of years or have a slight fibroid form, may be told of the dangers that attend the case and be allowed to choose more or less for themselves, that is, if they can have the best of care both before and after delivery.

The child should by no means be allowed to nurse, and should be kept from the mother as much as possible.

When a woman is in the last months of pregnancy we have a different proposition to deal with. Often a delivery at seven months would mean as much or more of a strain on the system than at full term. Nature seems to favor them with an easy labor.

All mothers that are under weight or have a family history of tuberculosis

should be watched very closely if allowed to nurse the baby. If there is a personal history of tuberculosis should not be allowed to nurse baby under any circumstances.

Case 1—Mrs. W. D., age 17, para 1, normal labor lasting six hours. Patient well nourished, good color, developed a large amount of milk. About seventh day marked rise in afternoon temperature. On tenth day had slight pulmonary hemorrhage. Denied history of tuberculosis, but from outside source found that her father and brother had died of pulmonary tuberculosis, and that she had come to California on account of severe cough she had had.

Apparently she had recovered and had much improved during pregnancy, labor having started the process afresh. The baby was taken from the breast and after four months patient began to improve and gained rapidly; now, five years later, is in good health, having had no more children.

Case 2—Mrs. H., age 19, para 2—I first saw patient when she was in labor Nov. 20, 1916. The first child was seventeen months old. Patient tall and slender. Gave history of having had a slight cough for six months or more. A week before delivery had an attack of influenza, from which she had not completely recovered. Labor was short and normal.

The afternoon temperature improved somewhat for about six weeks, then grew worse as time went on; at present running as high as 104½ deg. and sometimes 105 deg.

Both of the children are very remarkably well nourished.

Southern California medical officers have been instructed to report as follows:

Lieut. Arthur Holeton of San Diego to Ft. Oglethorpe for instructions.

Capt. Harry Koons of Los Angeles to Ft. Sam Houston, Texas, Base Hospital.

Capt. John G. Graffin of Fall Brook to Portland, Ore., Yeone Bldg., for duty. Also, to the same point: Lieut. Giles S. Porter of Los Angeles.

Lieuts. Daniel D. Lucey and Thomas A. McIntyre, both of Los Angeles, to report by wire to the Commanding General, Western Dept., for assignment to duty.

Major James R. Moore of Los Angeles to Camp Krane, Allentown, Pa., Base Hospital.

Capt. Wm. B. Chalmers-Francis of Los Angeles to Ft. Riley.

Lieut. Wm. R. McDannel of Los Angeles to Ft. Riley.

To Camp Dodge, Des Moines, Iowa, as a member of a board examining the command for tuberculosis, Major Ralph L. Byrnes of Los Angeles, Cal.

To the same point with a board examining the troops for Cardiovascular diseases, Capt. Bertnard Smith of Los Angeles.

To Camp Joseph E. Johnston, Jacksonville, Florida, Base Hospital, Capt. Henry S. Keyes of Los Angeles.

To Camp Kearny, Linda Vista, Cal., Base Hospital, Capt. James W. Houstis of Los Angeles.

To Camp McArthur, Waco, Texas, with a board examining the command for tuberculosis, Capt. Charles E. Ide of Redlands.

To Ft. Oglethorpe, Ga., for duty, Base Hospital, Lieut. Hersel E. Butka.

Lieuts. Wm. L. Denton, Clair Wilson and Trusten M. Hart, all of Los Angeles, Major. Percy G. White of Los Angeles, to Fort Custer, Battle Creek, Mich.

The following orders have been revoked:

To Camp Kearny, Capt. Geo. G. Hunter of Los Angeles; to Chicago, Ill., Northwestern University School of Medicine, from Ft. Riley, Lieuts. Walter C. S. Koebig, James H. McLaughlin, Los Angeles, Joseph W. Crawford, Sacramento.

SOUTHERN CALIFORNIA PRACTITIONER.

A MEDICAL, CLIMATOLOGICAL AND SOCIOLOGICAL MONTHLY MAGAZINE.
This journal endeavors to mirror the progress of the profession of California and Arizona.
Established in 1886 by Walter Lindley, M.D., LL.D.
DR. GEORGE E. MALSBARY, Editor and Publisher.

Address all communications and manuscripts to
EDITOR SOUTHERN CALIFORNIA PRACTITIONER,
Subscription Price, per annum, $2.00. 1414 South Hope Street, Los Angeles, Cal.

EDITORIAL

SOCIAL HEALTH INSURANCE.

(Anent Senate Bill 26.)

A note of militant Americanism was struck by Dr. Edward Ochsner, eminent Chicago surgeon, at a recent meeting of the Vermilion County Medical Society at Danville. Dr. Ochsner in reply to a question as to how compulsory health insurance would affect the medical profession, said:

"Take the city of Danville, for instance: Every physician will be given a chance to join the panel. If he declines, he will be out absolutely as far as practice among the wage-earners is concerned. If he goes on the panel every move he makes must be approved by the officials and he must do the work at the prices fixed by the Commission. It probably will be not more than 50 cents per call—in Berlin it is 12 cents for an office call and 24 cents for a house call. Then when he becomes a panel doctor those under the act will have the opportunity of choosing him as their physician for one year. He must take all who come—white, black, yellow and tan—until he has on his list the number fixed by the Commission as a maximum—probably 500.

"Personally, it will not mean a dollar to me one way or the other. I will not go on the panel—I don't have to. But I am opposed to the system because I have seen it in operation in Germany, where it originated, and I know that it has played an important part in bringing about the present world war. Had it not been for Compulsory Health Insurance and old-age pensions, the German war party could not have controlled the Socialist vote in the Reichstag and without the Socialist support there would have been no war.

"I warn you men, that if you introduce compulsory health insurance in this country, you will give autocracy a firm foothold in the land of the free. It may come in the guise of democracy, but it will be autocracy nevertheless.

"My observation and experience in Europe, my study of monarchies and my life in this free country, have given me a passion for democracy—and my ideas on this question were fixed long before the war. The Germans are a

great people—but not as great as in the days of Goethe, Schiller and Heinie. Autocracy has produced mass efficiency at the cost of self-reliance, individualism and independence and in the terrific struggle in which the nations of the earth are now engaged, autocracy and mass efficiency must and will be crushed in order that democracy, individualism and independence may not perish.''

In his prepared paper Dr. Ochsner quoted official figures to prove that sickness and death rates are higher in Germany than in this country and contended that the compulsory health insurance system requires the sober, thrifty workman to help pay for the delinquencies of his dissolute and immoral fellows.

VENEREAL DISEASES IN CALIFORNIA.

The California Hospital State Board of Health Bureau of Venereal Diseases, 525 Market street, San Francisco, is issuing cards to physicians with the following directions: ''When a patient infected either with gonorrhoea or syphilis, comes to you for treatment, you will explain to him his condition, hand to him the pamphlet issued by the State Board of Health on these diseases, and report to the local Health Officer on a card serially numbered. You are not asked to state the patient's name in this report, but you are asked to keep a record yourself of his name, address, symptoms and treatment, such record in all cases to be identifiable by the number on the card which will be sent to the State Board of Health by the local Health Officer. If a patient who is not cured discontinues treatment with you and no notification is received by you of his receiving treatment elsewhere, you are to report his name and address, together with the number of his case, to the State Board on the card marked 'C.' Card B is for physician's use in notifying another physician that the latter's former patient has come to you to continue treatment.''

This is a most commendable action on the part of the Board and every member of the medical profession of California should co-operate as requested.

Dr. L. M. Powers, Health Commissioner, has issued for April and May a very valuable bulletin. The first article in it is on Public Maternity Service by Dr. Lyle G. McNeile, assistant Health Commissioner in charge of Obstetrical Division. The doctor tells how the problem was first met by Dr. Granville MacGowan when he was Health Officer and concludes by saying:

''The Maternity Service of the Health Department is the only similar Maternity Service maintained by any health department in the United States. A large number of inquiries seem to indicate that several cities contemplate the establishment of a service patterned after our own.

''Delivered more than one baby each day during 1917. The total number was three hundred and sixty-nine.

''Made twenty-five hundred house calls on pregnant cases, and twenty-seven hundred house calls on cases after delivery, in 1917. The total number of calls was five thousand, two hundred and four.

''Recorded two thousand, one hundred and twenty-eight visits made by women to our dispensaries in 1917. Four hundred and forty-five visits were made by children.

''Has not lost a single mother, and very few babies, since the establishment of the service.''

The second article is on the Los Feliz Hospital. This is the Los Angeles institution for the treatment of women suffering from venereal diseases. There is also a valuable report in regard to the treatment of Venereal Diseases in the Los Angeles City Jails.

PATRIOTIC WORK OF ONE HOSPITAL.

The Los Angeles Daily Times of June 4th says: The training school for nurses of the California Hospital will hold its commencement exercises at 8 p.m. this evening at the Gamut Club House, No. 1044 South Hope street. The last year has been a busy one at this hospital; not only because the hospital has cared for 25 per cent. more patients than in any previous year, but because the nurses and doctors have all been occupied in patriotic work. One graduate of the training school, Miss Sue Dauser, organized a unit of sixty nurses, who are now at the Aldine Hotel, Philadelphia, awaiting orders to go overseas. Another graduate of the California Hospital, Miss Elizabeth Hogue, organized another unit of sixty nurses, who are now at the front. A unit of ten nurses was organized at the California Hospital by Miss A. Williamson, the superintendent of nurses, and went into service for the government last month.

Of the internes of the hospital, Col. C. W. Decker, who had been at Camp Kearny since its organization, was ordered East two weeks ago, and twelve other former internes are in the service as either captains or lieutenants. Two of the directors of the hospital, Dr. Rea Smith and Dr. John C. Ferbert, are in the service at Philadelphia awaiting orders.

This commencement will also be the twentieth anniversary of the opening of this hospital, and it is hoped that Dr. Walter Lindley will be able to preside, as he has done at the nineteen previous commencements. He has been ill for some weeks, and recently suffered a slight relapse, but is now mending again.

Since the hospital has opened it has cared for 49,942 patients, has graduated over 400 nurses and given certificates to thirty-four internes.

The following are the twenty-seven nurses who will receive their diplomas this evening, and will be ready to enter the government service as soon as they pass the examination of the State Board: Thora Byron Anderson, North Forks, N. D.; Eunice Baskin, Calexico, Cal.; Karen Ebba Beck, Copenhagen, Denmark; Hazel Marguerite Bragg, Calexico; Brigida Maria Buelna, Santa Barbara; Lela Edythe Chesnutt, Los Angeles; Frances Ruth Cheyney, Willard, N. M.; Dorothy May Connor, Los Angeles; Berenice Evelyn Day, Northfield, Minn.; Helene Margaret de Roo, Los Angeles; Agnes Emily Edgington, Lincoln, Neb.; Mame Edwards, Raton, N. M.; Ellietta Ruth Garlock, Los Angeles; Florence Hope, Bloomington, Wis.; Hazel Vera Houck, La Verne, Cal.; Delia Dee Kettle, Denver, Colo.; Elizabeth Susan MacQuarrie, Boston, Mass.; Allen Lawrence Mahoney, New York City; Elsie Margaret McDowell, Lindsay, Cal.; Dixie Louise Perkins, Santa Ana; Esther Pickford, Dinuba, Cal.; Louise Magnolia Priestley, Decatur, Ark.; Corinne Margaret Roos, Los Angeles; Greeba Leonore Scott, Santa Ana; Viggo Tarp, Copenhagen, Denmark; Martha Vogt, Los Angeles; Minona Naomi Woodward, Los Angeles.

The Times of June 23rd says: The California Hospital sent out another unit of eleven nurses last week. This unit will be known as No. 503 and has gone to Letterman Hospital, San Francisco, where they will remain until ordered to the front. Miss Williamson, the superintendent of nurses of the California Hospital, will send out another unit of from ten to fifteen in July.

Following are the names of those in the unit just sent out: Geneva Shaw, Edith Cole, Ida B. Block, Ruth Carlson, Clara Paulson, Margaret Paulson, Laura Tallaksen, Marie Tallaksen, Helen Sten, Frances O'Connor, Julia Ingersoll.

EDITORIAL NOTES

Capt. A. W. Moore has been ordered to Fort Riley, Kansas.

Dr. Clifford H. Wood, formerly of Glendora, has located in Monrovia.

Dr. Steel Forsythe, formerly of Los Angeles, has located in San Bernardino.

Dr. J. H. Mallery of Los Angeles has received his commission as First Lieutenant.

Dr. C. B. Canby, formerly of Alconda, Arizona, has located in the town of Van Nuys.

Dr. W. M. Moore, a graduate of the Jefferson Medical College, has opened offices in Ontario, Cal.

Dr. Ivan Keith of Beaumont has been appointed First Lieutenant in the Medical Reserve Corps.

Dr. Wm. Barnhart of Los Angeles has received his commission as Captain in the U. S. Naval Reserve Corps.

Dr. J. Baker of Grand Island, Neb., has been appointed assistant surgeon at the Soldiers' Home, Santa Monica.

Dr. A. E. Boland, formerly of the Needles, is now Captain in the Army, stationed at Camp Fremont, Palo Alto, Cal.

Dr. Mayo Reiss of Los Angeles has received his commission as First Lieutenant in the 361st Infantry and is now in France.

Dr. Titian Coffey of Los Angeles has left for France, where he will devote himself to civilian work especially with babies and mothers.

Dr. I. D. Burdick, age 65, of Azusa, died at his home on June 19th, 1918. Dr. Burdick formerly practiced in Ft. Gibson, Arkansas.

Dr. Arthur D. Bevan in his inauguration address as President of the American Medical Association, earnestly urged national prohibition.

Dr. Lulu Peters says that the women of Chicago are the fattest in the United States and that a suitable name for them would be "Waddlers."

Dr. R. S. Lanterman, formerly coroner of Los Angeles county, has been charged with contributing to the delinquency of Miss Marjorie Woodbury, age 18 years.

A movement to give official rank to nurses in the service is receiving a great deal of support; Major-Gen. Gorgas, Surgeon-General, is heartily advocating the movement.

Dr. G. A. Fielding, formerly interne of the California Hospital and later practicing in Sawtelle and Santa Monica, is now Regimental Surgeon of the 36th Regiment of Engineers at Camp Grant, Rockford, Ill.

Dr. Geo. Von Wedelstaedt, a Los Angeles physician, was exonerated by United States Commissioner Long when brought before him on a charge of making seditious statements. This is a good time of the year to be careful.

Dr. Philip K. Brown of San Francisco announces that he will be personal aid to Major Lambert, Chief Surgeon of the American Red Cross in France, and that the Miradero Sanatorium, Santa Barbara, will be closed during his absence.

Dr. P. J. Parker, formerly of San Diego, has associated himself with Dr. A. S. Parker, his son, as surgeon of the Santa Fe at Needles. Dr. P. J. Parker is a graduate of the Jefferson Medical College and has practiced in San Diego for twenty years.

Dr. Clayton G. Stadfield became Police Surgeon of Los Angeles and was married to Miss Anna M. Sprotte, a nurse, all within one week. It is said in the daily papers that Miss Sprotte

was engaged as a nurse when the young people met at the bedside of a little child a couple of years ago. 'Twas ever thus.

The Haben Hospital, at Monrovia, is for sale. It is a modern surgical hospital, with sixteen beds—ten private rooms and a ward of six beds. The Haben sisters have made quite a success of the institution, and it would probably be worth your while to look into their offer, if you are interested in such a proposition.

A recent meeting of the Southern California Medical Society at San Diego and Camp Kearny was a great success. There were over 100 physicians in attendance. This society is one of the most successful, enjoyable and profitable organizations in the West. Its programme was made up of scientific papers, social good fellowship and no politics.

Dr. Irving S. Bancroft, director of the Health Department of the public schools of Los Angeles, has established a clinic for well babies under 5 years of age. It will be open from 10 to 12 every Monday. Doctors will make a thorough examination of all infants presented and will give the mothers advice whenever any tendency towards ill health is discovered.

In the fiscal year closing June 31, 1918, the births exceeded the deaths in Los Angeles city by 1748. The increase in the number of births over the previous fiscal year was 363.

Of the 8581 births, 4401 were boys and 4180 girls. The races represented were: White, 7014; colored, 165; Mexican, 733; Chinese, 37; Japanese, 632. The number of stillborn was 256, as compared with 277 during the previous year.

The twenty-eighth annual session of the New York and New England Association of Railway Surgeons will be held at the Hotel McAlpine, New York City, on Oct. 21st. A symposium will be presented on the "Modern Treatment of Infected Wounds." Dr. J. S. Hill, president, Bellows Falls, Vermont; Geo. Chaffee, corresponding secretary, Little Meadows, Pa.

The Pacific Wassermann Laboratories have added to their staff Dr. Benjamin M. Bolton, who was formerly Associate Professor of Bacteriology and Pathology at Johns Hopkins and the University of Virginia, Professor of Pathology in the St. Louis University, Expert in the Bureau of Animal Industry, U. S. Department of Agriculture, and Director of the Laboratory of Hygiene of the Board of Health of Philadelphia. The doctor ranks well as a Pathologist and as such is a valuable addition to our local profession.

The following surgeons from Southern California have received orders as follows:

Major Harry Loos of San Diego to Camp Bollie, Ft. Worth, Texas, Base Hospital.

Major Walter Brem to Camp Fremont, Palo Alto, Cal., Base Hospital.

Lieut. Chas. A. Shephard of San Bernardino to Camp Kearny, Linda Vista, Cal., as a member of the Tuberculosis Examining Board.

To Camp Wadsworth, Spartenburgh, South Carolina, Lieut. Chas. A. Warren of Ontario.

To Camp Wheeler, Macon, Ga., Lieut. Chas. Young of Los Angeles.

To Ft. Oglethorpe, Lieut. Frank H. Taylor of San Diego.

To Hoboken, New Jersey, Capt. Wm. H. Wickett of Fullerton.

To San Francisco for instruction and on completion to Camp Cody, Deming, N. M., Base Hospital, Capt. Walter A. Bayley of Los Angeles.

Major Clarence Moore has arrived safely in France and is now on active duty.

The following are the most recent assignments of Southern California surgeons in the Army:

Capt. Harvey L. Thorpe to Camp Kearny, Linda Vista, Base Hospital.

Capt. H. H. Lissner to Camp Pike, Little Rock, Arkansas, Base Hospital.

Lieut. John R. Shea, Los Angeles, and Capt. Bertram C. Davis, Los Angeles, to Ft. Oglethorpe.

Capt. Bertnard Smith, Los Angeles, to Lakewood, N. J.

Capt. John Bosley of Santa Monica to San Francisco.

Lieut. Ed. R. Cox, Los Angeles, to Letterman Hospital.

Dr. Albert W. Moore of Los Angeles has received his commission as Captain.

Major Percival G. White of Los Angeles to Camp Custer, Battle Creek, Mich., Base Hospital.

Lieut. Richard R. Ronan of Los Angeles to Camp Freemont, Palo Alto, Cal., Base Hospital.

Capt. William Barnhart to Camp Kearny, Linda Vista, Cal., as a member of the Tuberculosis Examining Board.

To Camp Lewis, American Lake, Wash., Base Hospital, Lieut. William T. Rothwell of Los Angeles and Lieut. Laurence L. Lindsey of Owensmouth, Los Angeles county, Cal.

To Letterman General Hospital, San Francisco, Lieut. John Swanscott of Los Angeles, California.

BOOK REVIEWS

TREATMENT OF CAVERNOUS AND PLEXIFORM ANGIOMATA BY THE INJECTION OF BOILING WATER (WYETH METHOD). By Francis Reder, M.D., F.A.C.S., Visiting Surgeon to the City Hospital; Consulting Surgeon to St. John's Hospital and Missouri Baptist Sanitarium, St. Louis. Illustrated. St. Louis: C. V. Mosby Company, 1918.

This handy little monograph brings up to date, duly amplified, the original article on the subject by the author, that appeared in Surgery, Gynecology and Obstetrics some three years ago. The method was advocated by Dr. John A. Wyeth before the American Medical Association about fifteen years ago, and the introduction to this brochure is written by him. This method of arresting the circulation of arterial, venous, capillary, and lymphatic angiomata, through coagulation of the blood and lymph, is essentially applicable to the arrest and cure by ultimate absorption of that form of arterial angioma (cirsoid aneurysm) which most frequently affects the arteries of the scalp, and to the large venous angiomata with rich anastomoses.

EMERGENCIES OF A GENERAL PRACTICE. By Nathan Clark Morse, A.B., M.D., F.A.C.S., Surgeon to the Emergency Hospital, Eldora, Iowa; District Surgeon Chicago Northwestern Railway, Minneapolis and St. Louis Railway; Ex-President Iowa State Association of Railway Surgeons; Ex-Vice-President Pan-American Congress; Fellow American Medical Association; Member Society of Clinical Surgeons of North America; Author of Postoperative Treatment. With 251 illustrations. St. Louis: C. V. Mosby Company, 1918.

The scope of this book is expressed in the title. The author records many of the observations and practical experiences of an active service of forty years in emergency practice. Reference is also made to certain pathologic conditions, appendicitis, tubal rupture, acute pancreatitis, etc., emergency cases though distinctly surgical. The general practitioner should be familiar with the clinical symptoms of these conditions, the prompt recognition of which will not only tend to relieve him of personal responsibility, but will enable him to insist upon surgical assistance at a time most opportune to his patient. It is a very satisfactory treatise on emergency work, especially suited to the requirements of those engaged in general practice.

MISCELLANEOUS

AN IMPERATIVE APPEAL FOR MEDICAL OFFICERS.

An urgent imperative appeal has just been issued by the Surgeon-General of the United States Army for doctors for the Medical Reserve Corps.

There are today 15,174 officers of the Medical Reserve Corps on active duty and the Medical Department has reached the limit of medical officers at the present time available for assignment. With these facts before the medical profession of this country, we believe that every doctor between the age of 21 and 55 years, who is physically qualified for service, will come forward now and apply for a commission in the Medical Reserve Corps.

The Surgeon-General says: "So far the United States has been involved only in the preparatory phase of this war. We are now about to enter upon the active or fighting phase, which will make enormous demands upon the resources of the country." The conservation of these resources, especially that of man-power, depends chiefly upon an adequate medical service.

Drafts of men will continually follow drafts, each of which will require its proportionate number of medical officers, and there are at this time on the available list of the Medical Reserve Corps an insufficient number to meet the demands of these drafts.

The real necessity for the complete mobilization of the entire profession is imperative. It is not a question of a few hundred men volunteering for service, but of the mobilization of the profession for the conservation of the resources of this country. Let every doctor who reads this editorial and appeal from the Surgeon-General, which appeal is based upon dire necessity, act promptly and present his application for a commission in the Medical Reserve Corps at the nearest Medical Examining Board. If you are not informed of the location of your Board, the Editor of this journal will advise you.

STAND BEHIND THE BOYS.

How many doctors have applied this now very expressive phrase to themselves? There is nothing that puts more heart and gives so much confidence to a soldier in the thick of a fight, as the thought that if he does suffer a casualty, he will receive proper medical care and attention. What are you doing in this respect?

There are many boys, sons of your patients or friends, who have been or will be called into the service, and what a source of consolation it would be to the parents to know that possibly their own doctor might be the one to look after their boy. They will welcome your acceptance of a commission in the Medical Reserve Corps and compliment you for so doing.

The opportunity for you to do the most good in a professional way to the greatest number of people, is to offer your service to your country through the Medical Reserve Corps. Do not think longer about it, but apply at once to your nearest Medical Examining Board, and if you are not informed of its locality, the Editor of this journal will supply the necessary information.

STAND BY OUR BOYS, YOUR BOYS, THEIR BOYS. Remember the gallant **French in '76. The British who stood by Dewey in 1898. The Garibaldis who were always for LIBERTY.**

The rapid expansion of the Army calls for a largely expanded Medical Reserve Corps. The Surgeon-General has issued a most earnest appeal for doctors. The Department has reached the limit of medical officers available for assignment.

SOUTHERN CALIFORNIA PRACTITIONER.

Vol. XXXIII. LOS ANGELES, AUGUST, 1918 No. 8

EXTRA-UTERINE PREGNANCY—CLINICAL ANALYSIS.*

BY FRANCIS L. ANTON, M.D., LOS ANGELES, CALIFORNIA.

In a somewhat hasty survey of the records of my operations during the last 10 years, I was quite struck with the number of cases of extra-uterine pregnancy which I have encountered. These cases are rather infrequent in the routine of the average surgeon; and some fairly busy men have told me that they have seen only one or two cases in several years.

As a matter of fact extra-uterine pregnancy is not a very uncommon occurrence, and I have no doubt that the comparative infrequency of its appearance in the records of some surgeons is due to failure of diagnosis in many a case. Nor should the diagnosis of most cases of extra-uterine pregnancy offer many difficulties, if the surgeon will keep in mind the ever-present possibility of extra-uterine pregnancy when examining a woman during the child-bearing period for any recent or sudden severe disturbance in the pelvis.

A careful inquiry into the patient's history should always be made first. Then if we keep firmly in our mind the following six cardinal symptoms while making our examination, we will but rarely overlook the average case. These symptoms, to refresh your memory, are:

1. Missed menstruation,
2. Sudden onset of pain in one side of the pelvis,
3. Bloody vaginal discharge,
4. A tender mass beside the uterus,
5. Slight or no fever,
6. Repeated pain and enlargement of the mass without fever.

It is not the simple cases with the classical symptoms that I invite you to consider with me, but the atypical ones; and I hope to draw out some discussion (lessons): (1) in regard to their diagnosis, and (2) in the method of treatment. As to the diagnosis: Of the 78 cases that have come into my hands in the last 10 years, and which form the basis of this study, there were only 3 that I have not verified by operation; that is, they could not be persuaded to submit to operation; and, strange to say, none of these three died. Two of them have entirely regained normal health, while the third still has considerable pelvic discomfort. All three had unmistakably the classical

*Read before the Los Angeles Surgical Society, May, 1918.

symptoms of rupture of an extra-uterine gestation sack, and in two the tumor could be distinctly felt in the broad ligament. It is unwise, therefore, to threaten the patient or her family with sure death unless she submit to operation, lest some Christian Science healer later on get the credit of a miraculous cure.

The subject of extra-uterine pregnancy has been so thoroughly covered by a large number of papers which have most ably and clearly described all the facts and conditions that may be encountered, that I am absolutely unable to give anything new to those of you who have taken the time to read much about this subject.

Once or twice I have thought I had found a case such as had never occurred before, but whenever I looked a little further into the literature I found that someone else had reported such a case. So for instance my case No. 18, a lady aged 63, whom we operated for what we supposed to be a strangulated ovarian cyst, but found a sack filled with a grumous coffee colored fluid containing the black skeleton of a four months' foetus. This woman had been a widow for thirty years and had never been sick in all this time. After the operation I went carefully over her history again with her and then learned that when she was a young married woman she thought she had a miscarriage once at about three or four months. Here was a unique case of an extra-uterine pregnancy. Only recently I looked over the subject in De Lee's text-book and find he reports a couple of such cases and quotes some German who reported a case of 50 years' duration.

While my personal experience covers perhaps only a small number of the many conditions that may be met with in extra-uterine pregnancy, still I have found the clinical analysis of these cases both interesting and profitable.

The majority of the cases in this series presented the typical symptoms of extra-uterine pregnancy with rupture and were diagnosed and operated on as such. These we will not consider in detail. Among the remaining cases we find many which presented the signs and symptoms of acute pelvic inflammation with certain peculiarities which were strongly suggestive of extra-uterine pregnancy, but were still so indefinite as to make a positive diagnosis extremely hazardous, and often quite impossible.

These atypical cases I have divided into two groups:

(1) Cases diagnosed extra-uterine pregnancy where the operation disclosed a different pathology, and

(2) Cases diagnosed pelvic inflammation, in which the operation revealed an extra-uterine pregnancy.

Among the cases of the first group (diagnosis of extra-uterine pregnancy) the condition which has most often lead me astray has been chronic salpyngitis with an acute exacerbation. Here we have an enlarged tube or a mass in the pelvis, somewhat sudden and acute pain which may be more marked on one side, only a little fever, often some menstrual irregularity, perhaps even a genuine miscarriage, and altogether a clinical picture with nearly all the points of extra-uterine pregnancy. If we make a microscopic examination of the uterine scrapings and find chorionic villi or sycitial cells we cannot be certain that the pelvic condition is not due to infection in the adnexa, and the absence of any foetal cells in the uterine scrapings does not constitute a proof that the pelvic trouble is not due to extra-uterine pregnancy. A very careful history will also develop the fact that there has been a serious pelvic disturbance some time or other previous to the present attack.

Case No. 32 in my list was a very

stout woman aged 44 with a pendulous abdomen, which made examination difficult. She had a large subinvoluted uterus and a mass the size of a fist on the right side of the uterus. She had skipped two menstrual periods and had suddenly developed a severe pain in her right side; no fever; giving a history of considerable uneasiness in that side for some time. She had one child ten years before and thought she was pregnant now. Operation disclosed an ovarian cyst which had become twisted on its pedicle, and no pregnancy at all. She was at the beginning of her menopause which accounted for the skipping of the periods.

Case No. 45, a Danish woman, aged 38; multipara; had gone two weeks over her period. While doing some heavy work she was suddenly seized with severe pain in the region of the right broad ligament, so severe that she fainted; after that she began to flow profusely. No fever, much tenderness in lower abdomen, particularly in the region of the right ovary, which was enlarged. Operation revealed a hemorrhagic Graafian follicle the size of a pigeon's egg which had ruptured. The walls of the follicle were very thick and their rupture must have caused her the severe pain. There was no free blood in the abdomen, and unfortunately, I had no microscopic examination made of the uterine scrapings.

Case 69—a young Japanese woman, married a short time. Menstruation had always been somewhat irregular, skipping sometimes one and two months. She came for examination on account of considerable pain in her left ovary, some nausea and had passed one period and two weeks. She was thin and it was easy to outline a fusiform enlargement in her left tube about the size of a filbert which was very tender. This small mass was just one finger's breadth to the left of the uterus and beyond it a normal ovary was definitely palpated. I thought I had a tubal pregnancy before rupture. Operation showed an inflamed left tube with an enlargement near the uterus which consisted of myomatous tissue originating from the muscular coat of the tube. There was also a small blood clot in the tube at the site of the tumor, but this contained no foetal cells.

Lawson Tait and, I believe, Howard Kelly used to teach that a hematosalpynx always meant tubal pregnancy. Since then it has been proved repeatedly that such is not always the case, and that any tubal inflammation may lead to an erosion of a blood vessel resulting in intratubal hemorrhage and clot-formation. A positive diagnosis of tubal pregnancy on the demonstration of a hematosalpynx is not justifiable unless we can show macroscopically or microscopically the presence of foetal structures in the clot.

In the second group of atypical cases (those with a diagnosis of pelvic inflammation, where operation disclosed extra-uterine pregnancy) I have also had some interesting experiences.

Case 18, the old lady mentioned above, aged 63; operated for strangulated ovarian cyst, where the skeleton of a foetus was found.

Case 20—Japanese woman was brought with a history of a miscarriage three weeks previously, for which she had been curetted. Since then she had developed a mass in the culdesac of Douglas which bulged down into the vagina. Temperature 102, pulse 110. Leucocytosis 18000. Diagnosis: Pelvic abscess which I decided to drain per vagina. When the posterior fornix had been incised there was expelled a large quantity of black clotted blood. With counter pressure from the abdomen I expressed nearly all these clots, then inserted a drainage tube. The patient made a perfect recovery in three weeks. Though I did not see any foetal structures, I am convinced that this was a case of extra-uterine pregnancy.

Case 31 was a young woman aged 26. Had been married two years. Gave a history of slight pelvic inflammation soon after she was married, then had not become pregnant for two years, when the present trouble started. She began flowing two weeks after she had skipped a period and had considerable pain throughout her abdomen. It was diagnosed a miscarriage with exascerbation of her tubal trouble when she was curetted. When the flowing had not stopped after the curetment she was again curetted a week later, but still continued to flow. When she was brought to me, I diagnosed it extra-uterine pregnancy and found a tube the size of a sausage with a clot and the ovum partly extruded through the fimbriated extremity on the left side.

Case 38—Woman aged 40, from the Needles. Multipara, but had not been pregnant for ten years previous to the present trouble. She was said to have had a miscarriage six weeks before and after that developed an enormous mass in the abdomen which reached almost to the umbilicus. When I examined her she had a great deal of pain all over the abdomen. Temperature 102½ to 103, sweats, high leucoytosis and considerable trouble to move the bowels. I diagnosed a large parametritic abscess and as I could not reach the pus from the vaginal side, I made an abdominal incision and went right into the pus cavity, which extended well up above the brim of the pelvis, having pushed the intestine up and walled off so that the whole presented a large cystic sac containing purulent fluid, blood clots and a ruptured tube on the right side, which was evidently caused by a ruptured tubal pregnancy which had become infected. It was impossible to remove the sac and the cavity was merely packed and drained, whereupon she made a slow but good recovery.

Case 40—an Italian woman aged 35. Had three children and started with the present trouble four weeks before I saw her. Her doctor thought she had a miscarriage and curetted her. Three weeks after that when she called me I found a large mass in her left side, as large as a big orange. Much pain in the pelvis, still some slight flowing and a temperature of 102. I thought it was either a tubal infection or a parametric abscess following the miscarriage and curetment and brought her to the hospital to drain her per vagina. When I had incised the posterior culdesac there came out large masses of clotted blood. Profiting by the experience I had with the Japanese woman reported above, I proceeded to squeeze out the blood clots, intending to drain her like I had the other case, but when the clots were pretty well removed there came a stream of bright red blood which showed that I had started up the hemorrhage again and I knew that I would be unable to control the flow so I packed the wound right away, had her abdomen prepared and quickly went into the abdomen, pulled up a ruptured tube on the right side and tied it off. Then I found quite a large amniotic sac, placenta and about a 3½ month foetus which were removed. In this case I had considerable trouble with bleeding as the intestines were adhered all over the amnoitic sac. She was closed up with drainage and made a good recovery.

There are a number of cases in which I made a diagnosis of chronic salpyngitis and hematosalpynx was found at the operation, but as I did not find foetal structures on macroscopical examination alone and had no microscopical examination made, I considered most of them tubal pregnancies, but have no proof that they really were such.

A diagnosis of tubal pregnancy before rupture of the tube takes place is not often made, but under exceptionally favorable circumstances it is sometimes possible to make such a diagnosis. I have twice succeeded in doing so.

Case No. 3, after one period had passed, the woman being very thin and having much discomfort in her right side, I made an examination and found the enlargement in the tube. Considering it tubal pregnancy, I advised an operation and removed an unruptured tubal pregnancy, which was verified by microscope.

Case No. 7 was practically the same, except that she had passed two periods and had some uterine bleeding when I examined her.

Two cases I have operated on twice for extra-uterine pregnancy. Case 9 first in 1908 with a pregnancy on the left side and the second time in 1910 with a tubal pregnancy on the right side. Case 54, operated first in 1915 with three months' pregnancy on her right side and in 1917 for a ruptured tubal pregnancy on the left side. The last operation in this case was very interesting, as the woman comparing her symptoms with those before her first operation had really made the diagnosis herself, although she had not yet missed her menstruation and could not have been more than three weeks pregnant. I examined her, but could not feel any enlargement in the tube, but told her to remain very quiet and I would keep her under observation. I felt quite sure that at this early period she could not have any serious hemorrhage particularly if she kept quiet. Three days after that I was called to her house and found her suffering with severe pain, quite anemic and while I sat by her bed talking to her she suddenly went into shock, became unconscious and pulseless. Consciousness returned in about five or ten minutes. I had her taken to the hospital immediately and opened the vein and gave intravenous salt solution, while I rapidly went into the abdomen, caught up the bleeding tube, tied it off, and cleaned out a large quantity of fresh as well as clotted blood. She reacted nicely and made an uneventful recovery.

Now briefly a few remarks as to treatment. It has been my custom nearly always to curet these women before going into the abdomen, unless the patient's condition was so bad that time could not be wasted for this procedure. I think that is a good way, as the removal of the uterine decidua shortens and simplifies the convalescence for the patient, but I have come to feel lately that it would be safer perhaps to do the curetment after the abdominal work is finished, because sometimes the curetment will start up a fresh intra abdominal hemorrhage which may be very profuse. I had such an experience in case 59, a Japanese woman of 23, with all the classical symptoms of tubal pregnancy, but in very good condition as she had not as yet had a severe abdominal hemorrhage. While doing the curetment the anesthetiser called my attention to the fact that she was not doing well. She had suddenly gotten very pale and her pulse was running very high and thready. I speeded up the abdominal preparation and when I got in found a large mass of fresh blood and only a few clots in the abdomen. With administration of hypodermoclysis she soon got into a very satisfactory condition again. Sometimes even a rough pelvic examination will start up such a hemorrhage, which nearly proved fatal in one case of mine. This was case 26, who consulted her doctor to know whether she was pregnant. When he got through with the examination she went into shock and the doctor laid her on the lounge in his office and left her there for four hours, after which time she had recuperated, whereupon he took her to her home in his automobile and left her there without seeing her again. About a week later some other doctor was called in when she had a renewal of her pelvic pain and all the symptoms of renewed internal hemorrhage. This last man called me. I verified his diagnosis of

ruptured tubal pregnancy, had her taken to the German Hospital, which was near by, and though she was almost exsanguinated, decided to operate right away after giving her an intravenous inection of salt solution. She also made a satisfactory recovery.

In general I have followed Devor's advice and operated on all cases of extra-uterine pregnancy as soon as diagnosis was made irrespective of whether they were in shock or not. I am aware that many good men advise to wait until the patient recovers from shock, but I think if the operation is performed rapidly with the proper administration of supporting treatment, the shock will not be increased sufficiently to reduce the patient's chances for recovery very much and when the bleeding tube is tied off, then at least we are certain that there is not going to be any more trouble from hemorrhage.

In performing the operation and cleaning out the blood clots we should be careful to handle the intestines and other tissues with the utmost gentleness, which is frequently disregarded in the haste we feel is necessary. Too much sponging should also be avoided for fear of rubbing the epithelium off of the intestines and it is much better to leave considerable blood clot in the peritoneum than to run the risk of the intestines adhering after the operation. I had much trouble with the case of a Japanese woman once which was an average case of abdominal hemorrhage from a ruptured tubal pregnancy. Patient was in good condition, operation could be performed with deliberation and I thought I was sufficiently careful in my manipulation of the abdominal organs, but two weeks after the operation the patient developed a fecal fistula in the wound and I had to reoperate on her about six weeks later and close up that fistula.

A rational technique is along the following lines:

While the patient is going under ether, the abdomen is dry shaved, then prepared gently with benzine-iodine mixture, followed with 5% Tr. of iodine. If the pulse is very rapid and thready, indicating a profuse internal hemorrhage, normal salt solution either under the breast or intravenously may now be started. The abdomen is rapidly opened by an incision large enough to freely permit the introduction of one hand. Without stopping to remove clots the hand goes right down into the pelvis and grasps the body of the uterus, then by feeling to the right and left posteriorly to the uterus and the broad ligaments we determine, by the more extensive adhesions, on which side the rupture has taken place. (In the diagnosis the location of the greatest pain will usually guide one correctly even before the incision has been made.) The body of the uterus is now pulled up into the abdominal wound and a stout forceps grasps the uterine cornu on the side of the ruptured tube. This forceps steadies the uterus and tube and at the same time shuts off any bleeding from the uterine end of the tube. The hand is now reintroduced into the abdomen posterior to the uterus, sweeps along the posterior surface of the broad ligament on the side of the lesion and brings up the ovary together with the fimbriated extremity of the tube. Another long and strong forceps is now applied almost horizontally from outer or pelvic end of the broad ligament to the body of the uterus. The forceps is placed either above or below the ovary, according to whether the ovary is to be removed with the tube or not. After this second forcep has been applied all bleeding is under control and we can now proceed deliberately to clean out the peritoneal cavity of the accumulated blood. A suction pump such as throat specialists use is of great help as it draws all fluids out much quicker and with much less manipulation than does sponging.

The clots can then be quickly picked out by hand or with a sponge forceps. Finally the injured tube is removed and the abdomen closed.

506 Exchange Building.

SOCIAL HEALTH INSURANCE.

Member of Legislature States His Objections to It.

Senate Constitutional Amendment No. 26, authorizing the Legislature to adopt compulsory health insurance in California, comes before the people to be voted on at the November election. The more thought and investigation I give this measure, the more inclined I am to doubt its wisdom, especially at this time.

The cost will be tremendous, $27,596,000 a year, the Social Insurance Commission estimate. (See page 340 of their report.) The expenses of the State have practically doubled during the past few years, and a halt must be called or we shall face bankruptcy. Our money and energy and man power must be used to win the war; we must not so much as construct school buildings and highways till victory is ours!

I do not oppose any reasonable or voluntary system of health insurance; in fact, I favor it. But the Legislature now has power to put such a system in operation without any amendment to the Constitution, just as it has already established Workmen's Compensation. A vast amount of such insurance is already in successful operation through lodges, fraternal societies and employers' organizations. All these will be swept away if the Constitutional Amendment carries.

In warning the workers against compulsory health insurance, Samuel Gompers says: "They are justified in demanding that every other voluntary method be given the fullest opportunity before compulsory methods are even considered, much less adopted."

In line with Mr. Gompers' attitude, the American Federation of Labor, at its meeting in June at St. Paul, rejected a resolution favoring a national system of social insurance, and adopted resolutions calling for an investigation of the costly campaign carried on for social insurance by persons and organizations having no affiliation with the labor movement. The resolutions state that "suspicion has been aroused that this scheme" promoting social insurance "is supported by those who, for years, have sought to disrupt and retard the cause of the workers."

The United States Congress, Massachusetts, Maryland and New York, have all voted down compulsory health insurance. Let us not permit the expensive and dangerous experiment to be tried in California during these troublous times.

Cordially and sincerely yours,

N. J. PRENDERGAST,

Assemblyman from 27th District.

SAVING AND SERVING.

By economizing in consumption and with the resultant saving purchasing the Government's war securities the American citizen performs a double duty. The citizen and the Government cannot use the same labor and material; if the citizen uses it, the material and the labor cannot be used by the Government. If the citizen economizes in consumption, so much material and labor and transportation space is left free for Government uses. And when the saving effected is lent to the Government more money is thus placed at the disposal of the Government.

The more the people save the more money, labor, and materials are left for the winning of the war, the greater and more complete the support given to our fighting men.

SOUTHERN CALIFORNIA PRACTITIONER.

A MEDICAL, CLIMATOLOGICAL AND SOCIOLOGICAL MONTHLY MAGAZINE.

This journal endeavors to mirror the progress of the profession of California and Arizona.

Established in 1886 by Walter Lindley, M.D., LL.D.
DR. GEORGE E. MALSBARY, Editor and Publisher.

Address all communications and manuscripts to
EDITOR SOUTHERN CALIFORNIA PRACTITIONER,
Subscription Price, per annum, $2.00. 1414 South Hope Street, Los Angeles, Cal.

EDITORIAL

SOCIAL HEALTH INSURANCE.

A Constitutional Amendment known as Senate Amendment No. 26 will be voted upon at our November election.

This is a German-made Socialistic thing which is intended to provide medical, dental and hospital services for two-thirds of the population of the State of California, and is generally known as a State Compulsory Social Health Insurance measure.

At this time we are simply asked to vote for an enabling act which will permit the Legislature to pass such a bill. The exact terms of this proposed bill are not now known to the profession or people generally, but judging from the provisions found in all the bills suggested from about the same source, to other States, it will contain more vicious and un-American legislation to the square inch than any measure heretofore offered to a democratic self-respecting people.

It is proposed by this act to provide everything but shoes to every person, and his or her dependents, in this State who works for a wage of one hundred dollars per month or less, but of course provides nothing but high taxes for the fellow who does not work for wages, even though his income be ever so small.

The bill will provide that the necessary funds to meet this enormous pension shall be raised as follows: The employer and employee will each pay the State a sum equivalent to two per cent of the wages paid the employee, including domestic and all other help, and the State will contribute one per cent.

As a result there will be no incentive for the individual to save or accumulate for the future. This measure will cost the State, according to estimations, more than fifty million dollars per year, which is nearly twice as much as the present actual loss to labor per year for sickness.

The difference between the actual money loss from sickness and the amount to be collected will of course go to the faithful, who will help to build up the greatest political machine of modern times.

This whole scheme was proposed in this country about four years ago by a small number of Socialists who styled themselves the American Association

for Labor Legislation and it has branches in most countries. Five of the old countries have tried it. None of our States have yet enacted a bill, although the matter has been presented to about twenty different States.

Our Governor appointed a commission (one of the seventy-five) four years ago, to investigate the wisdom of such legislation and they have spent about fifty thousand dollars of the State's money to date, ostensibly to investigate, but in reality this money has mostly been spent by the commission, not to investigate, but rather to spread the propaganda and influence the voters in favor of it.

At this time we believe the present commission has a bill ready to hand to the Legislature on the subject, if the necessary two-thirds vote in favor of the enabling act is received, but we have been unable to secure a copy of the same.

Its provisions if made public now would, without a doubt, completely defeat the measure. This may be good politics on the part of the commission who are doubtless seeking fat jobs from the State if the bill is passed, but it is not treating the people and the taxpayers fairly. It's the old story of selling a "pig in a poke."

Advise your friends to turn out and vote "NO" on Senate Amendment No. 26 and you will be doing this State a great favor.

COLONEL DECKER IN ALABAMA.

We have received the following from Dr. Decker, which will especially interest his many Los Angeles friends:

Headquarters, Camp McClellan, Alabama
Camp Surgeon's Office

August 5, 1918.

Dear Doctor:—

. . . . . .

Under the military remarks in the A. M. A. Journal this week, I note that Donald Skeel and several others of our Los Angeles men have been ordered to camps for service. I certainly am glad of the way the Los Angeles medical profession has responded to the military needs of our country. I don't believe there is another place that has done more or in which the medical men have made greater sacrifice in line of duty. Some day, when all this terrible war is over we will have some wonderful reunions. Our Medical Society will become an old veteran stamping ground.

If you have access to the weekly report of the Surgeon General's office, you may have noted the very remarkable health rate in regard to venereal disease reported from Camp Kearny. . . . One of the first things that we did at Camp Kearny was to get acquainted with the local health authorities of the city and county of San Diego, and co-operate with them, that our work and theirs might be of the greatest value. For twelve weeks or more there has not been a new venereal infection reported from Camp Kearny, with its between twenty and thirty thousand men. The good laws placed upon our California statutes, allowing quarantine of venereals, deserves its part in the result. Without it, nothing could have been accomplished.

Since coming here I have interested the city authorities of the small city of Anniston, and several of the surrounding towns, in a concerted plan to establish a woman's quarantine hospital, and we expect this to materially decrease the venereal rate among soldiers as well as among the civilian population. I have obtained copies of several of our different California laws bearing upon the suppression of prostitution and elimination of venereal disease, and have the promise from some of the State Senators here that they will introduce similar bills in the Alabama Legislature this fall. Recently the Health Officer and a party of six or seven Birmingham city officials called on me at camp, to learn what their city

must do to conform to the military requirements regarding health matters. They have promised to introduce a city ordinance providing for the quarantine of women venereals and to make some arrangement for the care and possible quarantine of the male venereals. It is a wonderfully interesting work, as it is pioneering here—little or nothing along this line had ever been done.

There are many splendid medical officers here and the loyal support and cooperation that I am receiving in all departments makes my somewhat heavy duties a real pleasure. There is one department that we never had to establish in California, and that is the Mosquito Abatement Work. Here constant vigilance and work is required if we are to keep down a pest of malaria-bearing mosquitoes. My captain in charge of this work was with Colonel Gorgas six years in the Panama Zone, and handles this work very ably.

We recently organized a large staff of medical examiners for muster into service of thousands of drafted men. You would be interested in seeing the floor plan of the building that we have reconstructed for this work. I am enclosing one of the little instruction leaflets that was drafted in my office for handling this work. It will give you some idea of what we have to do with all new troops. . . .

Sincerely yours,

C. W. DECKER.

Headquarters Receiving Camp
Camp McClellan, Anniston, Ala.

July 29, 1918.

Instruction Memorandum Number One. Outline Scheme Examination of Labor Battalion.

1. N. C. O. and guard march men from train to Area 16, Building 51, to be known as Receiving Station, and deliver them to N. C. O. or officer in charge.

(a) Each man strips, placing clothing, except shoes, in sack. Money, toilet articles and small articles are placed in a small paper sack, depositing it with clothing in large sack. An orderly ties the sack, a shipping tag numbered to correspond with the duplicate tag given the man, is attached. Tag given the man is suspended by a cord about the neck.

(b) Recruit receives a hair cut (pubic and axillary hair clipped) all with vermin treated with gasoline.

(c) Inspection for communicative disease. Examining Surgeon with two enlisted assistants. Surgeon notes and marks with red pencil (wax) on shipping tag—Venereals—V; Observation cases — Mumps — OP; Measles — OM; Scarlet Fever—OS; Scabies—Sc; Diphtheria—OD.

Venereals will be directed to shower bath set apart for such cases.

Mumps, measles, scarlet fever and diphtheria will immediately be sent under guard to the Quarantine Camp Block 14 and delivered to the surgeon there.

(d) All healthy recruits after inspection at station (c) are directed to the showers. Here under control of a bath orderly they thoroughly bathe with hot water and soap. (Local Board forms and any other cards for all men having been turned over to N. C. O. on duty at Receiving Station, for proper distribution.

(e) Q. M. Sergeant issues a pair of denim overalls, and if weather is inclement a denim blouse. Recruits march from Station (e) to

(f) Physical examination of the recruit.

At the examining building are completed all special board and other examinations. Records required are completed under direction of the Chief Medical Examiner.

The Orthopaedic Board will mark on the Shipping Tag shoe size required.

(g) Vaccination.

This completes the first day's medical routine.

(h) The recruit marches to the

Quartermaster warehouse in Block 16 and receives shoes, socks, shirt, underwear and uniform.

Blankets, bed tick, towel and soap are issued and the recruit is marched to quarters.

(i) Six cots have been placed in each tent. Straw for bed ticks is obtained from the Quartermaster in Block 16.

(j) Return of personal property.

Money, toilet articles, etc., are returned to each man, identification being made by the Shipping Tag which must be presented at Receiving Tent.

Recruits Arriving at Night.

The schedule will be completed to and including (d.) From here a N. C. O. Q. M. Corps will take the recruit to the Q. M. warehouse for issue of denim clothing, blankets and bed tick.

The Physical Examination will follow the next morning.

WHY SHOULD THE SURGEON GENERAL APPEAL FOR MEDICAL OFFICERS?

Of the 146,000 doctors in the United States, it is a safe calculation that at least 70,000 of this number are within the age limit, from 21 to 55 years, and are physically and morally qualified to serve as Medical Reserve Corps officers.

Why, in view of this fact, the Surgeon General's office should be hard put to secure a sufficient number of medical officers to supply immediate demands and to furnish a reserve force of between forty and fifty thousand doctors is not quite comprehensible.

Every qualified physician, knowing how essential his services are to his country at this particular time, should consider it not only his duty, but a privilege to take part in this glorious struggle for humanity and democracy.

This is the time when individual opinion must be sacrificed for the benefit of the whole and the time is near when every doctor must be in one or two classes: either a member of the Medical Reserve Corps, United States Army, or in the Volunteer Medical Service.

If you are between the age of 21 and 55 years, and there is a doubt in your own mind as to whether you are qualified or not, let the Surgeon General determine this matter by applying at once to your nearest Medical Examining Board for a commission in the Medical Reserve Corps.

NECESSITY KNOWS NO LAW.

The rapidly increasing fighting forces of the United States Army, so familiar to every doctor who reads the lay papers, must impress him with the fact that the Medical Reserve Corps must keep a pace in the way of expansion.

With every thousand men in the fighting forces there must be ten medical officers, so it is a matter of simple calculation to figure the requirements of the Surgeon General's office in the number of medical officers that must be at the command of the Surgeon General when required.

With three million men in the United States Army by the end of August, this means 30,000 doctors, and there are now less than 20,000 on the active list of the Medical Reserve Corps. In addition to the number required for immediate assignment with troops, a large Reserve Corps should be at the command of the Surgeon General so that when the necessary number is required they will be at his disposal.

The doctor is the most favored of all professional men in the matter of his assignment. The lawyer, as an example, when drafted or when he voluntarily offers his services and is assigned duty, draws $30 a month pay. The lowest pay accorded a medical officer is $2000 a year with additional pay for commutation of quarters for dependents.

It is the belief of the Surgeon General that a sufficient number of physicians will voluntarily come forward and

offer their services as medical officers and we therefore must do our duty not only to our country, but to those who are so admirably conducting this war in which we are now engaged.

A large and well trained Medical Corps is absolutely essential as 80% of the casualties are returned to the line through its ministration and it must not be a matter of history that a sufficient number of medical officers have not volunteered their services to properly care for the mobile forces, attend the wounded and sick in hospitals and to supply the Surgeon General, whatever the demands might be.

Five thousand physicians a month for an indefinite period is the requirement and those doctors who are of the opinion that other physicians in their immediate neighborhood are better qualified or have less responsibility than themselves, should, in view of the crisis now facing us, subjugate their individual opinion and apply to their nearest Examining Board for a commission in the Medical Reserve Corps.

A Medical Reserve Corps should be what its name implies, a corps of reserve physicians upon which the Surgeon General may call, and this country today should have a Reserve Corps of not less than 50,000 doctors and every physician should feel it his duty to be part of this organization.

TUBERCULOSIS COMPLICATING PREGNANCY.

M. Lee Martin, M.D., of Los Angeles, is responsible for the authorship of the excellent paper on Tuberculosis Complicating Pregnancy, published in the last issue of the Southern California Practitioner. His name was inadvertently omitted.

EDITORIAL NOTES

Dr. Henry Lindenbaum has recently located in Oxnard.

Dr. H. M. Griffith of Pasadena has received his commission as captain in the Medical Reserve Corps.

Dr. Thomas O. Burger has received his commission as Captain in the army and been stationed at the hospital at the Presidio.

Dr. J. H. Hicks, formerly assistant Health Officer of Los Angeles, has been elected Health Officer for the city of Santa Barbara.

Dr. Clarence W. Pierce will take care of the Maryland Casualty Company's business in Los Angeles during the absence of Captain Albert W. Moore.

It thrills our hearts with pride when we see these young men leave their busy life at home and give up everything in defense of their country.

Captain John N. Force of Los Angeles has been ordered to Letterman General Hospital, San Francisco, for instruction, and on completion to Canal Zone for duty.

Dr. E. W. Burke, also of Redlands, and a member of the Board of Managers of Patton Hospital, is in the Medical Reserve Corps. He is at present stationed at Camp Kearny.

Dr. Thomas L. Rogers, of Long Beach, is First Lieutenant in the Medical Reserve Corps, and is taking a special course at the Rockefeller Institute for Medical Research, in New York.

Dr. J. Frank Friesen, of Los Angeles, is arranging to enter military service. His practice will be in care of Dr. E. K. Roberts, who formerly practiced for a number of years in New Haven, Conn.

Captain Thomas H. T. Wight of Santa Monica has been ordered to Rockefeller Institution, N. Y., for instruction in bacteriology and on completion to Army Medical School for duty.

Lieutenant Donald W. Skeel and Captain Albert W. Moore have both left their homes in Los Angeles for Fort Riley, where they will remain in training for a short time before going to the front.

Dr. A. R. Hammon has received his commission as Captain and Drs. E. R. Harvey, A. W. Buell, W. B. Hill, T. C. Robinson, all of Long Beach, have received their commissions as First Lieutenants.

Dr. J. L. Avey, one of the prominent physicians of Redlands and secretary of the Board of Managers of the State Hospital at Patton, has enlisted in the Medical Reserve Corps, and is now stationed at Fort Oglethorpe, Ga.

There are 90,000 physicians practicing in the U. S., and of these, the Surgeon General estimates that 50,000 will be required for the army's needs. This leaves a great responsibility for those who are too old to go They will have to do, at least, twice their normal work.

The County Hospital management has decided to admit negro young women into their training school for nurses. It has been a shame that the young negress, who desires training, in order to nurse her people, could not get it anywhere in California. It is impossible to arrange for such training in a private hospital, but we are glad that a public institution has decided to fill this demand.

Dr. Philip King Brown, of San Francisco, has been reading some interesting papers on the training of nurses. He advocates that nurses, either in high school, or if they attend college, in their college course, should take one year in bacteriology, chemistry and anatomy, and then the hospital training should consist only of four terms of three months each, for which the young women pay; and during this time they receive more personal supervision from trained teachers. He also advises the abolishing of boarding of nurses in the interest of getting a better class of young women and lessening the expense of operating hospitals.

Charged with having contributed to and accelerated the death of a soldier through gross neglect of duty, in that a careless diagnosis was made with the result that proper medical relief was not furnished, an officer of the Medical Reserve Corps, stationed at Camp Dix, has been sentenced to be dismissed from the army and to serve one year imprisonment at hard labor. The sentencing of this doctor should be a warning to all others There is a tendency, where a physician attends large numbers, towards getting callous and automatic in his work. If there are any persons on the face of the earth who deserve extraordinary care, they are the young men who go to fight our battles.

As a suitable memorial to Dr. Henry B. Stehman and to insure the permanency of La Vina, the sanitarium in Millard Canyon, for sufferers from tuberculosis for which Dr. Stehman, himself a sick man, rendered such great and unselfish service, it has been decided to raise $200,000 by popular subscription for the Henry B. Stehman Memorial fund. This plan is set forth in the eighth annual report of La Vina by S. Hazard Halsted, secretary and treasurer of the society. The report has just been published. Dr. Stehman was founder of La Vina and president of the institution until his death here within the past year. There is an investment in land, buildings and equipment of over $125,000 entirely unincumbered. The La Vina Endowment fund now amounts to more than $40,000 and yields over $2000 per year income. To this is added another $2000 each year from the Stehman Endowment fund of $40,000 which is under the control of other trustees. There is all this and no indebtedness. The Barlow Sanitarium, in Los Angeles, and the La

Vina Sanitarium, above Altadena, are two of the worthiest institutions that we have ever known. They deserve liberal support from all who are financially able.

The following medical men from Southern California have recently been assigned as below:

To Camp Kearny, Linda Vista, Cal., Base Hospital: Capts. Earnest L. Commons and Geo. G. Hunter from Los Angeles; Philip Savage, San Bernardino; Lieuts. Perry N. Sims of Calexico and G. F. Boyd of Hollywood.

To Camp Lewis, American Lake, Wash., Base Hospital: Elbert Ler. Biggs, Howard W. Seager, of Los Angeles.

To Camp Oglethorpe, Base Hospital, Georgia: Wayland A. Morrison of Los Angeles, and Capt. John L. Avey of Redlands.

To Fort Riley: Capts. Albert W. Moore of Los Angeles and Arther W. Buell of Long Beach and Lieuts. Montague Cleeves, E. M. Clinton, William S. Hartford, H. H. Tebbetts, all of Los Angeles, and Lieut. Harry B. Mitchell of Needles.

The following surgeons from Southern California have recently received orders from the Surgeon General:

Capt. Wm. C. Mabry of Los Angeles, Capt. Wm. H. Mayne of Los Angeles, Capt. Frank Le Roy Chapline of Orange, Capt. Benjamine B. Ward of San Fernando, Capt. Fred E. Keel of San Bernardino; all to Camp Lewis, American Lake, Wash.

Capt. Orlyn S. Phillips of Los Angeles to Camp MacArthur, Waco, Tex.

Lieut. Geo. W. Reyer of Los Angeles to Camp Hospital, Douglas, Ariz.

Lieut. Thomas N. Cunnane of Los Angeles to Letterman Hospital, San Francisco.

Lieut. Chas. A. Shepard of Los Angeles to Whipple Barracks, Ariz.

Lieut. Theodore C. Shneerer of Los Angeles to Camp Lewis, American Lake, Washington.

Major Percival G. White of Los Angeles to Camp Zachary Taylor, Louisville, Ky.

Capt. Thomas B. Burger of San Diego to Letterman Hospital, San Francisco.

To report by wire to Commanding General, West Department, for assignments to duty: Lieut. Fitch C. E. Mattison of Pasadena.

To Rockefeller Institution for instruction in laboratory work, and on completion to army medical school for duty: Lieut. Thomas L. Rogers of Long Beach, Cal.

To San Francisco for instruction, and on completion to Camp Fremont, Palo Alto, Cal., Base Hospital: Captains George Liebershimer of Los Angeles and Harry Markholf of Pasadena.

On completion of course of San Francisco, to go to Base Hospital, Camp Lewis, American Lake, Washington: Capt. Clarence W. Cooke of Los Angeles.

Late reports announce that Dr. Rea Smith of Los Angeles has arrived with his unit in England, and that J. J. Van Kaathoven has arrived with his unit in France.

MISCELLANEOUS

COMPULSORY HEALTH INSURANCE.

Eugene T. Lies, superintendent United Charities, Chicago, addressed an open letter to the Committee on Social or Health Insurance of the Chicago Medical Society, which is herewith summarized by numbered paragraphs:

Paragraph 1 enumerates five state federations of labor and eight international labor unions that have endorsed Compulsory Health Insurance.

Paragraph 2 cites the names of sev-

(Note—Mr. Lies' letter and the reply of the Chicago Medical Society were published in a recent issue of the Medical Economist, Brooklyn, New York.)

eral physicians of more or less prominence who are said to be favorable to the Compulsory Health plan.

Paragraph 3 is devoted to an attempt to show that sickness is caused by poverty.

Paragraph 4 questions a statement by the Chicago committee that prohibition will materially improve the lot of the poorer classes.

Paragraph 5 quotes Dr. Zacher of Leipzig in support of the contention that health insurance is a success in Germany.

Paragraph 6 attempts to show that Compulsory Health Insurance will reduce poverty.

Paragraph 7 deals with the claim frequently made that the German plan if placed in effect in this country "would stop scientific progress in medical research as it has in Europe."

Paragraph 8 discusses the probable effect of the system in pauperizing the people.

Paragraph 9 is devoted to a discussion of the abuses of dispensary medical service.

Paragraph 10 is a continuation of the same discussion with special reference to conditions in Chicago.

Paragraph 11 resents what the author considers a slur upon associated charities and kindred organizations, and denies that "the administration of such funds costs over half the fund."

Paragraph 13 deprecates the publication of the adverse report on health insurance by the Chicago Medical Society, to which Dr. Lies' letter is intended as a reply, and predicts that health insurance "is bound to come in the United States in the near future."

THE REPLY.

Chicago Medical Society,

25 East Washington Street, Chicago.

Answering the criticisms by Mr. Lies of the United Charities we submit the following rejoinder:

Paragraph 1. It is a well known fact that in the passage of resolutions by large bodies of men that such resolutions often do not actually represent the convictions of the mass of the members in whose name they are passed, but rather the private opinions of one or two persons or of a small committee. As long as the American Federation of Labor is so strongly opposed to compulsory health insurance, it is not hitting far from the mark to say labor is opposed to it.

A gentleman present at the recent New York Conference on compulsory health insurance, after hearing all the papers, expressed himself in the following words: "Labor seems opposed; the employers seem opposed; physicians seem opposed, and only the theorists and reformers seem in favor of it, and even they do not seem to know just exactly what they want." We feel that the above quotation states the matter as concisely as anyone can express it at the present time.

Paragraph 2. The physicians mentioned in your communication are credited as being in favor of health insurance, but we wonder that it has not occurred to you that they do not represent the general medical profession, but instead can be classified in three divisions. First: the contract practitioners, whose opinions naturally would be biased; second, men who have absolutely no experience in general practice, such as newspaper practitioners, at least one of the men mentioned has had practically no experience in the treatment of disease; third, specialists who have been so long out of general practice that they are not in touch with general medicine and even some of them, we are told, are beginning to see the light and have reversed their former written convictions (see letter of Alexander Lambert, last paragraph of this reply.)

If you could attend some of the

meetings which the members of this committee have attended and see with what unanimity the physicians pass resolutions to oppose the passage of compulsory health insurance laws, we think you would agree that our statement is not far out of the way.

Paragraph 3. That poverty is the cause of sickness and not sickness the cause of poverty we still maintain is absolutely true, with the exception of the individual case, which happens not to be in question. Less than 3 per cent. of time lost in America from sickness by actual statistics cannot argue that sickness is the cause of poverty. The assumption by individuals that sickness is the cause of their poverty when the real underlying causes, such as shiftlessness, improper living and extravagant expenditures of money for luxuries and non-essentials cannot be accepted as evidence.

The fundamental needs of the poor as referred to in the report of the Fabian Society are essentially want of sufficient wage, want of nourishment, want of warm clothing, want of proper housing and want of rest.

Paragraph 4. That prohibition is a large factor is self evident. It was proven in 1905 that there was more money spent for alcoholic drink than for groceries and meats in the city of Chicago. The effect of alcoholism in the city of London, where one-fifth of the deaths were due either directly or indirectly to this cause, cannot be overlooked.

For more convincing argument we refer to Kansas, where prohibition has worked out most effectively of any of the States. Poverty there has almost reached the vanishing point. Kansas now has the lowest death rate and the highest amount of money per capita of any State in the Union.

Paragraph 5. Health insurance is not working out satisfactorily in either Germany or England in spite of Dr. Zacher's statement. The statement is misleading, in fact it does not and cannot take into consideration all of the elements, such as military supervision, and as reliable statistics as we can get in the United States, which we admit lack discrimination, the longevity of every community where we are able to get statistics (Baltimore, Boston) show that we exceed those of Germany under our present system.

The statement that it increases longevity taken from statistics of Dr. Zacher and referred to by Mr. Miles M. Dawson before the Congressional Committee on Social Insurance that the length of life of the German people from the period 1870-1900 has been increased from 36-48 years is not true, and statistics do not bear him out. According to Frederick L. Hoffman, the most reliable statistician in America, if not in the world, who says as a matter of fact the alleged increase of twelve years in the longevity of the German male adult population under health insurance, and longevity in consequence thereof, is a thoroughly misleading statistical assumption and contrary to the facts of the German official life tables correctly interpreted in conformity to qualified statistical and actuarial judgment.

At the present time the white male expectation of life at age of 30 in the United States is 34.87 years against 34.55 years in Germany. At the age of 70 when the reasonable effects of progress in industrial conditions and public health should be most perceptible, the white male expectancy of life in the United States without social insurance is 8.83 years against 7.90 years in Germany notwithstanding many years of compulsory health insurance experience.

According to Prof. Ludwig Bernhard, professor of economy, University of Berlin, many diseases or disorders have sprung up since the advent of social insurance such as pension hysteria, pen-

sion neurasthenia and pension hypochondria. All of those are now quite frequently met with in German medical practice.

We observe that certain of the insured are no longer as much interested as formerly in the quickest possible recovery; that after a wound has healed, the subjective trouble often continues for a comparatively long time. Since the enactment of the workmen's compension insurance the co-operation of the insured has been wanting. The hearty co-operation for quick recovery which we note in now insured patients diminishes considerably in this class of cases. In spite of the improvement in healing methods the prospect of recovery seems to be growing worse. Sixty per cent. of all cases that come before the Industrial Commission in Germany are for the determination of continued benefits on account of malingering. This is true in England and is also true before the Industrial Commission in Illinois under the Workman's Compensation Act.

Paragraph 6. The statement that it will not decrease poverty is true, because the employer in order to keep his assessments low, will carefully choose his employes, selecting only the healthy and excluding the others by medical examination and therefore there will be a strong tendency to the formation of a large permanent pauper class.

Because under all the schemes for compulsory health insurance as yet proposed, the persons most needing the insurance will not get it, those who are out of work except on account of illness, longer than the extension of one week for each four weeks during the previous twenty-six weeks of paid-up assessments, those who are unable to get into the voluntary insurance societies because they are unable to pass the medical examination, those who are not insured because they are unable to get work on account of their age, alcoholism, shiftlessness, general incompetency, or any other disabling condition which prevents them from being employed. In times of financial distress or panic, these unfortunate conditions will be magnified many fold.

Further we quote Samuel Gompers as follows: "This fundamental fact stands out paramount, that social insurance cannot remove or prevent poverty. It does not get at the cause of social injustice. Social insurance in its various phases of sickness insurance, unemployment insurance, death benefits, etc., only provides the means for tiding over an emergency. The labor movement aims at constructive results, higher wages, which means better living for the workers and those dependent upon them; better homes, better clothing, better food, better opportunities, etc., which means relief from overfatigue, time for recuperation, workers with better physical development and with sustained producing powers. Better physical development is in itself an insurance against illness and a degree of unemployment. The short hour workmen with higher wages become better citizens; better able to take care of themselves."

And this from Matthew Woll, president of the International Photoengravers' Union: "Health insurance is founded primarily on incompetency and improvidence; this proposal does not remove or prevent want or poverty, nor does it deal with the causes of social and industrial injustice."

Paragraph 7. It is true that medical men in Germany might, from a wrong sense of loyalty and national pride, publicly deny that compulsory health insurance has hindered medical progress in Germany. However, some of the prominent medical men of Germany have privately indicated to at least one member of this committee that compulsory health insurance is interfering seriously with medical progress. It is

a noteworthy and conspicuous fact that in the past twenty years only one therapeutic discovery of first magnitude has come out of Germany and that discovery was made by a chemist and not by a practicing physician.

The German Sickness Societies during their thirty years of existence have so interfered with the income of physicians that now only a few of the financially able or those where prospective marriages could bring them a competency are able to take up the study of medicine, consequently this automatically bars out the naturally fit from the general practice of medicine. This leads to fewer physicians of class which consequently overburdens others with work. The average "Kranken Klasse" physician, making calls for an average of about 20 cents per call, in order to make his income sufficient to meet living expenses, must make many calls, forcing him to neglect to continue his education and in this way deteriorating the service to the great mass of people so that they probably receive the poorest class of medical service in the world. England will be in the same condition in a short time, and in fact now the insured are complaining of the service they are getting under the Social Insurance Act.

Paragraph 8. Attempting to get something for nothing or much for little always pauperizes people and this is just exactly what compulsory health insurance encourages. Everyone familiar with the workings of the Compulsory Health Insurance of Germany and England who does not hold a sinecure under the system will substantiate the statement that patients run to the doctor for every little ailment just because the service is not charged to them personally.

Children can be educated fairly satisfactorily in mass, but sick people cannot be successfully treated by wholesale methods. Taxation we will concede is of benefit in our educational system, but there is no proof that we could benefit the state by taxation for health insurance.

To compare voluntary fire insurance with compulsory health insurance is ridiculous. In the former the individual pays in full for his insurance, while under the proposed compulsory health insurance law he accepts gratuitously 60 per cent charity.

Paragraph 9. If you had labored as long and faithfully in attempting to remedy the abuse of dispensary medical service as some of the members of this committee have you would not be so sure that these abuses can be remedied. Your second statement is contrary to the facts in the case, and even Lloyd George had to admit that the number of those dependent on medical charities has not decreased since the enactment of compulsory health laws in England.

Paragraph 10. Hundreds is absolutely correct and we do not make the statement that there are thousands. Even many of those who do not claim to give free medical services, as a matter of fact are doing so under the guidance of some non-paid physicians. In addition to this there are perhaps hundreds of others, such as church and other agencies not listed in the social directory mentioned, yet all are giving free medical services.

Paragraph 11. The statement in paragraph 11 was not intended as a slur, but was intended to illustrate in a general way the probable cost of distribution of the health insurance fund. The statement the committee had every reason to believe to be correct and it was based on the sworn testimony before a legalized body having power to administer oaths, same being the report of the joint committee on Home Findings Societies appointed under House Joint Resolution No. 36 of the 48th Illinois General Assembly, 1915, page 101, under the heading, "How the Money

Was Spent.'' We quote the paragraph in full:

''The total amount of 1914 disbursements, $297,133.50; provision of relief centers and general office, $47,706.12; supervisory salary, $32,145.33; relief service, $94,458.70; visitors' carfare, $3,543.67; material relief, $123,805.35; refunds, $474.03. This shows that but $123,805.35 out of $297,133.50 was given to the poor in food, fuel, rent, medicine, clothing and the like, being only 41.5 per cent of the total. In other words, 58.5 per cent of the amount of money disbursed was expended in rent, salaries, etc.''

Paragraph 13. In the second to the last paragraph you make the statement ''Health insurance, in which the State will figure in some important manner, is bound to come in the United States in the near future.'' For the country's good, we sincerely hope that you are as poor a prophet as you seem to be a critic.

Finally, before leaving this phase of the subject we suggest that if paternalism is to be applied generally to medicine why not include in this socialistic scheme, coal, fuel, clothes and the supervision of private charities? It is rumored that the organization which you represent strenuously opposed the enactment of a law for State control of private charities at the last meeting of the Legislature.

DR. LAMBERT CHANGES FRONT.

As showing the change in attitude as to health insurance we wish to refer to a letter written by Dr. Alexander Lambert, chairman of the Social Insurance Committee of the American Medical Association, as follows:

The whole situation is this: You have an insurance company that is trying to go in as a middleman between the patient and the doctor. All previous experience shows that when once firmly established, so that it can control the practice among the patients by giving them lower rates for medical service, the middleman in the end can dictate terms to the doctors and bid them down to absolutely inadequate remuneration for what they do. At first it looks very tempting to be assured of good, big fees for possible operations, which by their very nature, relatively seldom occur and which are only done by few surgeons, but the main work is among the patients with the small fees. Of course, when many are seen and one gets 100 per cent. collections, as would be done by the company paying it, it increases the income to the doctor because of the proverbial lack of collections that ordinarily physicians make.

I think there is one pernicious factor in this scheme, and that is that the patients pay a carrying fee of $1.60 and 40 cents, and yet the same service is given for the varying amount of returns. That, I think, you will find to be a vicious system. There is no question as to the possible value of this scheme. There is no question that the doctor getting 50 per cent. and the insurance company taking 50 per cent. for expenses and profit, makes a mighty good thing out of it, especially since it takes only very selected groups of lives. It takes the healthiest group of people in the community and offers them medical treatment. It practically becomes a variation of lodge practice among selected lives and under capitation system. It has all the possibilities of the evils under this system. If there are a great many patients under one doctor's care, and a good deal of sickness, even in these selected lives, the doctor must give a hurried service and an inadequate service, even for these small fees. It comes right down to the evils for which lodge practice is held in contempt—that of inadequate remuneration for poor medical service.

As far as the health insurance scheme is concerned, it is perfectly inadequate. You cannot choose the healthiest lives

in a community and give them selected service on small pay and think you are doing anything for the community in the way of health insurance, because a health insurance scheme must take in all lives, good and bad, the very sick as well as the very healthy, and must give good service to all. This scheme which you have sent me successfully avoids any medical service except to the unusually healthy.

There is the danger in all these schemes of debauching a community in its ideas of medical service when done on a commercial basis such as this. It gives the idea to people that they can get medical service for almost nothing, and in the end it comes down to the doctor under lay control that deliberately makes the physicians bid against each other and produces all the evils of capitation system or lodge practice. It is the beginning of the condition against which the physicians in England fought so bitterly and complained of so bitterly just before their insurance act was enacted. The insurance companies make anywhere from 17 per cent. to 35 per cent. out of what they collect, and any middleman will gladly undertake the job to sit still and do that, letting the doctor do the work.

Sincerely yours,

ALEXANDER LAMBERT.

Committee on Social or Health Insurance of the Chicago Medical Society: Edward H. Ochsner, C. B. King, George Apfelbach, Wm. O. Krohn, S. V. Balderston, J. V. Fowler, A. W. Seidel, J. R. Ballinger, secretary; Chas. J. Whalen, chairman.

Approved by the Illinois State Medical Society.

Committee on Social or Health Insurance of the Illinois State Medical Society: Edward Ochsner, George Apfelbach, C. A. Hercules, S. V. Balderston, J. R. Ballinger, E. W. Fiegenbaum, W. B. Chapman, secretary; Chas. J. Whalen, chairman.

"The medical profession, both in Germany and in England, has been demoralized, and a large amount of time which should be given to the consideration of proper medical questions and problems is now being devoted to interminable disputes as to rights and privileges, and duties and penalties, under the insurance acts. Week after week the British Medical Journal gives publicity to the facts of confusion and conflict of professional interests in British medical practice. There has not been any real health progress in England during the last three years, or since the National Health Insurance Act came into operation, nor has there been a measurable degree of intelligent co-operation with the national or local health administration. The marvelous sanitary progress of England during the last thirty years has secured without compulsory health insurance, just as this has been the case in the United States, Canada and Australia.

"The main object of compulsory health insurance is to establish an enormous bureaucratic machinery and bring about a further regularization, supervision and control of wage-workers and their dependents."—Dr. Frederick L. Hoffman.

"I do not believe in a form of government that does everything for the individual except tuck him into bed at night."—Warren S. Stone, Grand Chief International Brotherhood of Locomotive Engineers.

"A panel doctor becomes a five and ten cent store of medical knowledge."—William Gale Curtis.

AMERICAN MEDICAL EDITORS.

The following are abridged minutes of the last meeting of the American Medical Editors' Association held in Chicago on June 10th and 11th:

The Executive Committee desires me to particularly call attention to the resolution unanimously passed, according

full support to the Surgeon General of the Army and of the Navy and the Council on Medical Defense, and requesting that you aid by every means editorially to bring before the profession the important needs of these departments.

The minutes of the previous meeting were read and approved. The treasurer's report showed a balance of $512.59 cash. The Association approved the action of the Executive Committee in appropriating $100 to the Periodical Publishers' Association for carrying on an educational campaign against the zone system of second class rates.

The Association approved the propaganda carried on by the secretary in aid of the Surgeon General's office in securing additional applicants for the Medical Reserve Corps and a letter was read from the Surgeon General expressing appreciation of the aid rendered.

Of the $250 appropriated at our 1917 meeting less than $100 of the amount was expended for the above purpose.

The following resolution was unanimously passed and it is earnestly hoped that every member of this Association will lend his undivided aid in its promulgation.

"Firm in our belief of winning the war in conjunction with our valiant Allies, yet fully realizing the necessity and need for an adequate medical corps both as to numbers and training, we, the American Medical Editors' Association in session at Chicago, Illinois, June 11th, 1918,

Be It Resolved:

First: We pledge our renewed effort to Surgeon General Gorgas of the United States Army, and to Admiral Braisted, Surgeon General of the United States Navy, and to the Medical Section, Council of National Defense, in that our pages are open to unlimited editorial space for properly approved copy in which to bring before the medical profession of the United States the needs of these most important departments.

Second: That an Editorial War Committee be appointed by the chairman composed of H. Edwin Lewis, Editor of American Medicine, New York; D. E. de M. Sajous, Editor of the New York Medical Journal and the President and Secretary to prepare copy and to energetically carry on this work.

Third: That this Association contribute a sum of money in addition to the appropriation made by this Society at its session, June 10th, 1918, limited only to the resources of this Association, the expenditure of the amount to be decided by the Executive Committee for carrying on this propaganda of education and aid.

Fourth: That the editor of every medical journal in the United States be invited and encouraged to participate in this very necessary work.

Fifth: That copies of this resolution be sent to W. C. Gorgas, Surgeon General of the U. S. Army, to Admiral Braisted, Surgeon General of the U. S. Navy, and to the Medical Council of National Defense."

Following Dr. Sajous' paper upon "Military Education in Medical Colleges and the Medical Press" a motion was introduced and carried that this Association appoint a committee to study this question and report to the President if any action was deemed necessary.

A resolution introduced by Dr. Fairchild, urging that the American Medical Editors' Association use its influence and encourage its members to support the passage of the Dyer Owen Bill, and that a copy of the resolution be sent to Senator Owen.

A resolution was introduced and carried that the Executive Committee appropriate a sum to the Periodical Publishers' Committee through Dr. H. Edwin Lewis, chairman, to aid in educating the laity in reference to the zone system of mailing second class matter.

The Nominating Committee composed of Dr. C. E. de M. Sajous and Dr. F. H. McMechan in their report for officers of this Association for 1918-1919 recommended that in view of the First and Second Vice-Presidents being in the military service, that the officers of 1917-1918 hold over until the next annual meeting.

This resolution was received and favorably acted upon.

AMERICAN MEDICAL EDITORS' ASSOCIATION,
J. MacDonald, Jr.,
Secretary and Treasurer.

We are in receipt of the following communication from C. D. Babcock, Secretary of The Insurance Economics Society of America:

"It is reported that the medical profession in California is somewhat divided on this question and this is a matter of some surprise to us inasmuch as the profession outside of California is very strongly opposed to legislation of this type. At a recent legislative hearing in New York every County Medical Society in the State was represented in opposition to the health insurance bill under consideration. In May the Medical Society of the State of New York at its annual business session adopted unanimously a resolution pledging the Society 'to oppose such legislation in every legitimate way.' The attitude of the profession in New York is illustrative of the position taken elsewhere.

"Also it might be said that organized labor in California is playing practically a lone hand. The American Federation of Labor at its recent convention in St. Paul rejected a resolution endorsing Compulsory Health Insurance and adopted a resolution to investigate the subject, the forces behind it and the sources of their income."

AN AUGUST CONCEPTION.

Samuel Taylor Coleridge, poet and essayist, writing some 75 years ago, said:

"The possible destiny of the United States of America as a Nation of a hundred million of free men, stretching from the Atlantic to the Pacific, living under the laws of Alfred and speaking the language of Shakespeare and Milton, is an august conception."

The United States is now a nation of a hundred million and more, stretching from the Atlantic to the Pacific, and reaching out east takes in Hawaii and the Philippines, in the north Alaska, and in the south the Panama Canal. But grander than its physical is its moral greatness. Its fairness and justice, its courage and power, its maintenance of right and freedom cover the world.

The destiny the United States is now fulfilling is a more august conception than even the imagination of the author of Kubla Khan conceived of less than a century ago.

SOUTHERN CALIFORNIA PRACTITIONER.

Vol. XXXIII. LOS ANGELES, SEPTEMBER, 1918 No. 9

ECLAMPSIA FROM A PATHOLOGICAL STANDPOINT.*

BY CLARANCE A. JOHNSON, M.D., LOS ANGELES.

In order to discuss this subject from the standpoint of laboratory investigation it will be necessary to consider the theories as to the etiology. Doctor W. F. T. Haultain in the Edinburgh Medical Journal for December, 1916, gives the following as to the cause of eclampsia. He states that "it is due to endotoxines, which are contained in the chorionic villi and syncytium, passing into the blood and giving rise to an increase of the fibrogen and fibrin ferment contents of the blood, caused by a decrease in the anti-thrombin produced by the liver. This would give rise to a coagulation or at least an increased viscosity of the blood which is born out by the fact that at autopsies the most striking feature is a periportal necrosis in the liver, due to thromboses and to the agglutination of the red blood corpuscles. Thromboses are also found in the brain. This also complies with the clinical features, as the blood pressure always rises enormously, and very little urine is passed, and these facts could be due alone to the increased liability of the blood to coagulate."

Puerperal eclampsia is decidedly more common in a twin pregnancy than in a single pregnancy, because the toxins of two children entering into the circulation of the mother are greater and therefore more liable to overcome the reserve forces of the mother. Eclampsia is not a diseased condition of the kidneys, although if a kidney is diseased it more readily breaks down under the strain; it is not a diseased condition of the liver, but is in general terms a lack of reserve force in the woman to meet the increased demands of pregnancy.

Some other theories which have been advanced are: Disorders of the nervous system peculiar to pregnancy; an uremia; anemia and ordema of the brain; and the suggestion of Delore and Rodet of Lyons of a bacterial invasion as a possible etiological factor. J. Whitridge Williams, in his text-book on obstetrics, agrees with this latter theory yet claims that there is no absolute proof in his investigations that would confirm this theory.

It is agreed upon by most authorities that women suffering from eclamp-

*Read before the Los Angeles Obstetrical Society, January 15, 1918.

sia are more susceptible to infection than normal individuals.

The frequency of convulsions predisposes to the appearance of such undesirable phenomena as we find at the post-mortem table, such as hypatic and cerebral hemorrhage, oedema of the lungs, or apoplexy; or, if the fatal issue is postponed for several days, the necropsy reveals an aspiration pneumonia or a puerperal infection.

The gross and microscopic findings of the organs will be considered at this time. First, the kidneys, for the most part, give evidence of change which may be very marked in some and only slight in other cases. The lesions are usually those of acute nephritis with marked degeneration and necrosis of the renal epithelium. Ordinarily this is the only renal lesion, though occasionally it may be engrafted upon a chronic process. Purtz claims that "notwithstanding the frequency of renal lesions we are not justified, even in the majority of cases, in considering them as the anatomical substratum of eclampsia, for in many instances they are too insignificant; accordingly, it must remain a question whether they are not purely secondary in the greater proportion of the cases."

The evidence at hand would therefore seem to indicate that renal changes while almost constantly present, are not, as a rule, sufficiently marked to justify one in considering them as the characteristic lesion of eclampsia, and one must search in some other organ for a constant pathological finding.

In 1886 Jurgens and Klebs pointed out the existence of a hemorrhagic hepatitis in certain cases of eclampsia and a few years later Schmorl confirmed their findings in every case which he examined, that had died of this disease. The characteristic findings consist of irregularly shaped, reddish or whitish areas scattered through the entire organ in the neighborhood of the smaller portal vessels. They are readily seen with the naked eye, and on section give the liver a mottled appearance. Under the microscope they are recognized as areas of necrosis, in which blood cells may or may not be present. Schmorl attributed their formation to degenerative changes following thrombotic processes in the smaller portal vessels and considered that their presence justified the diagnosis of eclampsia without further knowledge of the history of the case. Beside this characteristic lesion in the liver, hematomata of varying size have been found just beneath the capsule of the liver, Purtz having recorded a fatal hemorrhage from the rupture of such a structure into the peritoneal cavity.

The brain may show oedema, hyperemia, anemia, thrombosis, and apoplexy. Probably the most frequent finding is the presence of thrombi in the smaller cerebral vessels, and they are regarded as the cause of the small areas of necrosis which are often observed.

The heart changes consist in degenerative processes in the myocardium, which changes are found in the majority of cases.

In patients who have died several days after the cessation of convulsions, in addition to the lesions just described, broncho-pneumonia or various evidences of puerperal infection are frequently noted. Oedema of the legs, lower abdomen, and especially the labia are frequently present. Jaundice, oedema of the lungs, and infarcts in the placenta may or may not be a part of the findings.

The Urine: Albuminuria with casts is, of course, almost a constant feature in the disease, and it is difficult to know how much value to attach to this point in forming a prognosis. Theoretically, one would reason that the more albumen there is present, the greater will be the impairment of renal tissue, the lesser the excretory power, and the

graver the outlook. Thus one might argue the tendency to future chronic renal disease is likely to be increased in such a case.

Beside albumen and casts in the urine, probably the most important test is the ammonia-coefficient. The end products of protein metabolism are ammonium carbonate and amino acids, especially the former. The ammonium carbonate is then, by the dehydrating action of enzymes in the liver, converted into urea, which is excreted by the kidney, but a certain very small proportion escapes this conversion, and is excreted as ammonium carbonate. Now, in certain conditions, and, markedly in toxic conditions complicating pregnancy, this final conversion does not occur, probably owing to injury of liver tissue by circulating toxins, with subsequent impairment of function, and so a relatively greater amount of ammonium carbonate, and a relatively lesser amount of urea appear in the urine, i. e., the ammonia-coefficient is increased. The higher, therefore, the ammonia-coefficient is, the greater is the impairment of liver tissue and its consequences, the greater is the amount and the greater the virulence of the circulating toxin, and the greater the disturbance of metabolism; all of which factors necessarily blacken the outlook. Reddy, of Montreal, considers the amount of diminution of urea to be the best prognostic index. As a low urea index is practically always accompanied by a high ammonia index, this is practically the expressed view of other observers of the blood.

If the ammonium-coefficient in the urine is increased markedly in this condition then the blood would necessarily contain a higher ammonium-coefficient and thus interfere with proper metabolism.

The Spinal Fluid: In the recent literature which I have reviewed I find only one reference made to the examination of cerebro-spinal fluid. This is mentioned by Evans in the Canadian Med. Association Journal, Vol. 6, No. 3, page 234, in which he finds nothing abnormal and a cell count of 15 per cmm.

It is apparent, therefore, that the main lesions in eclampsia are found in the liver, kidneys, heart and brain; but in view of the marked discrepancy in the statements of various authors concerning their relative frequency and importance, it would seem with the exception of the characteristic lesions in the liver, that the anatomical changes are not constant and that albumen may be large or small in amount in the urine, that the ammonium-coefficient is not constant either in the urine or the blood, and that there are no characteristic changes in the spinal fluid.

In view of the foregoing statements it would seem that there still remains some unknown toxic substance in the blood which science has failed to discover, which gives rise to the lesions in the several organs and to the unbalanced condition in the urine and blood.

The will of Dr. J. J. Choate, pioneer Los Angeles physician, who died June 1, was filed for probate recently. The only estimate of the value of the estate made in the petition was that it was "in excess of $10,000." By the terms of the will the estate was left in trust and from the income, $100 a month each for 10 years was to be paid to William L. Choate, a brother; Ella Choate, sister-in-law, and Nellita Choate, a niece. James Roy Choate and Joseph L. Choate, nephews, were to receive $75 a month for the same period. At the termination of the trust property was to be divided among William L. Choate and his wife and the niece and two nephews.

It is said that over 300 physicians and surgeons of Los Angeles are now commissioned in the regular army.

SOUTHERN CALIFORNIA PRACTITIONER.

A MEDICAL, CLIMATOLOGICAL AND SOCIOLOGICAL MONTHLY MAGAZINE.
This journal endeavors to mirror the progress of the profession of California and Arizona.

Established in 1886 by Walter Lindley, M.D., LL.D.
DR. GEORGE E. MALSBARY, Editor and Publisher.

Address all communications and manuscripts to
EDITOR SOUTHERN CALIFORNIA PRACTITIONER,
Subscription Price, per annum, $2.00. 1414 South Hope Street, Los Angeles, Cal.

EDITORIAL

A FIVE MILLION ARMY MEANS FIFTY THOUSAND MEDICAL OFFICERS.*

With an army of three million men in the field or in training and as contemplated, an expansion of this force to five million men, the Surgeon-General must have in the Medical Reserve Corps at least fifty thousand doctors.

The Medical Corps must keep a pace in growth with the army expansion and it behooves every doctor in the United States between the age of 21 and 55, who is physically, morally and professionally fitted, to arrange at the earliest possible moment his personal affairs so as to offer his services to his country in the capacity of a medical officer.

The United States is in the war to do her part in winning the struggle and this can only be accomplished by a large and well trained body of troops adequately cared for by sufficient number of medical officers. The importance of the doctor's service and its relation to the successful outcome of the war cannot be under-estimated.

As the mobile forces increase in size, so is there an expansion of base hospitals and other institutions for the care of the sick and wounded, and there should be no lack of officers when required to give to our patriotic boys that professional attention which is so essential.

It is well for the medical profession of the United States to realize at once that a Medical Reserve Corps of at least 50,000 doctors will be required to meet the demands of the Surgeon-General and upon which corps he can draw for his medical officers.

We believe by this time that the profession of this country must be fully alive to the needs of the Service, so let every doctor who is qualified feel that he is doing not only his patriotic duty in offering his services as a medical officer, but is relieving the tension of the Surgeon-General's office by placing at the command of the Chief Officer of the Medical Department an adequate force without the frequent

*This editorial has been passed by the Surgeon-General's office and authorized for publication.

beating of drums to supply the necessary number with each increase of the mobile forces.

If you have not already received an application blank for commission in the Medical Reserve Corps, your nearest Examining Board will be glad to supply you.

STATE COMPULSORY HEALTH INSURANCE.

Conditions in the United States, real and imaginary, have caused a number of socialistically inclined individuals to form the American Association for Labor Legislation. That association has evolved a theory of social betterment predicated upon conditions and Social Insurance Systems in Europe. Thus arose the compulsory health insurance movement.

We understand the movement is being promoted by socialists and politicians and is apparently backed by a plentiful supply of money. As to the position of labor in the matter, Samuel Gompers, president of the American Federation of Labor; Warren S. Stone, Grand Chief of the International Brotherhood of Engineers, and practically all prominent national labor leaders are opposed to it. It has not been endorsed by associations of employers or chambers of commerce in the United States. In fact, it has received the condemnation of such bodies, and of the Medical Societies that have considered it.

Dr. Edward Ochsner, of Chicago, declares compulsory health insurance and old age pensions gave the German War Party control of the Reichstag and precipitated the world war. At any rate, the movement originated in Germany about thirty years ago, and anything "made in Germany" should not be popular in America, especially at the present time. It might be pertinent to add that the mortality rate in Germany is said to have increased with the introduction of compulsory health insurance, and is higher than in the United States.

As to the cost, the Insurance Economies Society of America estimated the cost of compulsory health insurance in New York at $136,891,000.00. The average cost for California has been estimated at $46,800,000.00. From a financial standpoint, unnecessary additional burdens of a questionable character should not be undertaken by the State, especially at this time, when we are called upon to bear our full share of the cost of the war.

Our courts, hospitals and other eleemosynary institutions would still be needed, for they are not engaged in caring for this class of patients, i. e., employees earning sixteen hundred dollars per year or less.

The farce of any promise of the promoters of the scheme, that the insured will be permitted to choose his own physician, is evidenced by the failure to keep such a promise to the profession of the State in the case of State Accident Insurance. When the State Accident Insurance bill was under consideration, such assurance was given. After the bill became a law, the accident patients were compelled to choose their surgeon from a panel of surgeons appointed by the Commission, and to go to specified institutions for treatment. Such patients are placed in wards, unless they pay extra for private rooms. From our observations of the workings of the State Accident Insurance, we are unable to detect the slightest improvement in the treatment of the cases from that previously afforded in the County Hospital. If the Compulsory Health Insurance bill becomes a law, there is no reason to believe that the individuals insured under it will receive any better treatment than is now given in the County Hospital. This is not as good provision as is now enjoyed by the majority of em-

ployees earning sixteen hundred dollars per year or less.

If you are a red-blooded American, how would you like to be an employe insured under this proposed law? If you were guilty of earning sixteen hundred dollars per year or less, you would be forced to carry State Accident and Health Insurance, and pay for it regardless of your wishes. A "Medical Director" would decide at all times whether you were sick or not, and then a politician would tell you what doctor to consult, and would assign you to an institution for treatment. Your home would be subject to invasion by inquisitive political "inspectors" and "investigators" enforcing government regulations providing the manner and place in which you and your family might eat, sleep, play, work and live. How does that meet with your ideas regarding American personal liberty?

The proposed Compulsory Health Insurance law would not eliminate poverty, lower the death rate, or reduce the number of cases or duration of sickness, and the worker would get back in benefits less than his own enforced contribution. Those really interested in socialistic reform could do an immeasurable amount of good were they to devote their energies to sickness and accident prevention. But such altruistic work does not appeal to the reformer for revenue only, the politicians who pose as philanthropists as a matter of advertisement.

We have devoted so much space to the consideration of this obnoxious bill because it is necessary to arouse sentiment to prevent it actually being enacted into a law.

EDITORIAL NOTES

Dr. Major Harold Sidebotham of Santa Barbara has arrived safely in France.

Dr. L. I. Corpe, of El Monte, has accepted a position at the Los Angeles County Hospital.

Dr. Charles A. Douglas died at his family residence in Los Angeles. He was 67 years of age and had been in Los Angeles fifteen years.

Doctors Rea Smith, Guy Cochran and other members of the unit that went with them are now located at the British Base Hospital in the suburbs of Edinburgh, Scotland.

Dr. G. P. Waring of Alhambra died at his home very suddenly of heart disease on July 28th, 1918. He was 65 years of age, and had been practicing in Alhambra for ten years.

Four doctors have been sent from Long Beach to Fort Riley. They can there continue the meetings of the Long Beach branch of the Los Angeles County Medical Association.

Great Britain has recently made every man not more than fifty-one years of age, on April 18, 1918, liable to military service, and extended the liability for physicians to fifty-six years of age.

Capt. Thomas Chalmers Myers, of Los Angeles, with the U. S. base hospital No. 102, is now in Italy. An elaborate farewell dinner was tendered Capt. and Mrs. Myers just before they left. Capt. Myers was presented with a gold wrist watch.

Dr. G. A. Fielding, of Sawtelle and Santa Monica, is now with the army in France. His address is:

Capt. G. A. Fielding, M. R. C.,
36 Battalion Engineers,
American Expeditionary Force,
Via New York.

Dr. George Wallace, a psychopathic expert from Massachusetts, has sub-

mitted to the Pacific Colony plans for a State institution for the feeble-minded to be located in Southern California, to cost approximately $1,000,000 and capable of accommodating 2000 patients.

Dr. Byron C. Palmer and Dr. E. N. Reed each have received their commission and will soon go to the front. They were recently tendered a banquet at the Merrit-Jones, Ocean Park. It was largely attended by friends from the Santa Monica Bay district.

Dr. A. W. Teel of Glendale, who has been commissioned as Captain and is stationed at Camp Kearney, Linda Vista, Cal., was the honored guest at a banquet given recently by the Glendale Commandery Knights Templar at the Glendale Masonic Temple. The business men of Glendale presented the doctor with a wrist watch and his fellow Knights with a comfort kit, which shows that some prophets have honor at home as well as abroad.

In the Los Angeles Times for July 30th says: Dr. William W. Hitchcock, president of the California Hospital, last night received a telegram from his son-in-law, Dr. Dudley Fulton, announcing his promotion to commanding officer of the base hospital at Camp Lewis. Dr. Dudley Fulton, who practiced in this city for ten years, has been stationed at Camp Lewis as chief major in the medical department since December, at which time he received his commission. He was known here as a specialist in internal medicine. His wife and daughters are now living near the camp.

At a recent meeting of the Los Angeles County Medical Society Dr. Hill Hastings, representing the Good Samaritan Hospital, said: "The Good Samaritan Hospital staff have ten paid nurses, including the superintendent. Seven have gone to war and three are in France, Miss McFarland and Miss McCall. The chiefs on the three floors have gone. The night superintendent has been cured of tuberculosis. The nurses in charge of general surgery have not yet graduated. In twenty years, 214 had graduated. Of the alumna association, 57 have married, 9 died, 21 are unfit, 4 are in Canada, 6 are supporting families and 9 are still in the hospital, which makes a total of 106. Fifty are registered in the hospital, 28 have gone to war, and some have been lost track of. Fifty graduate nurses are on call for private work. Forty per cent. have gone to the war. The training school is not doing well. Seventy to eighty are in training. There are only 46 probationers instead of 76. Four hundred and thirty-seven outside nurses are registered for work and available for calls. Fifty-nine are Good Samaritan graduates.

The pupil nurses of the Los Angeles County Hospital opposed the order of the Board of Supervisors that colored young women be admitted to training.

Chairman Hamilton of the Board of supervisors made the following statement:

"I believe that on taking second thought, those who have signed the agreement to quit work if colored nurses are admitted to the hospital will reconsider their action and loyally remain at their posts of duty.

"We are waging a war for democracy—for the principle that all men are created equal. Colored men are laying down their lives in France for the protection of our homes, our women and our children.

"There is a crying need for nurses, both at home and abroad. Our high schools are graduating numbers of colored girls who are in every way fitted for this self-sacrificing service.

"It would be undemocratic and unpatriotic, not to say unchristian, to

deny them equality of opportunity in this field.

"I am sure our nurses will see their duty and do it in kindly spirit. The Board of Supervisors would be recreant to its obligations to the country if it would yield to this demand."

The War Department has recently made the following assignments for Southern California men:

To Camp Beauregard, Alexandria, La., Philip J. Cunnane of Los Angeles.

To Camp Cody, Deming, N. M., base hospital, Lieut. Otto H. Mueller, of Hollywood.

To Camp Fremont, Palo Alto, Cal., base hospital, Capt. Thomas R. McNab, Los Angeles; Lieuts. James L. Flint, Glendale; John E. Colloran, Charles W. Craik of Los Angeles, and Capt. R. F. Bradshaw, of Orange.

To Camp Grant, Rockford, Ill., base hospital, Lieut. Joseph K. Smith, Bakersfield.

To Camp Kearney, Linda Vista, Cal., base hospital, Captains Walter H. Thorne, Fresno; Edward W. Burke, Redlands; Howard N. Brothers and John Wehrly of Santa Ana.

To Camp Travis, Fort Sam Houston, Tex., for duty, Capts. Albert R. Rogers, Oscar V. Schroeter of Los Angeles, Calif.

To Fort Oglethorpe, Ga., for instruction, Lieut. Willis H. Hall, Orange.

To Fort Riley, Capts. John F. Hull, Alhambra; Theophilus C. Robinson, Long Beach; Henry A. Barclay, San Diego; Lieuts. Edwin R. Harvey, Aubrey E. Henderlite, Walter B. Hill, Long Beach; Arthur A. McClurkin, Los Angeles; Samuel A. Marsden, Orange.

To Hoboken, N. J., base hospital, Capt. George G. Hunter, of Los Angeles, and Lieut. Fred D. Northrup, of Pasadena.

To Mineola, L. I., N. Y., Major William R. Ream, of San Diego.

Southern California physicians have recently received the following assignments:

To Camp Bowie, Fort Worth, Tex., Capts. Ralph Hagan, Los Angeles; S. M. Alter, Los Angeles; Lieut. O. W. Butler, Los Angeles.

To Camp Crane, Allentown, Pa., Capt. S. Y. Van Meter, Los Angeles.

To Camp Fremont, Palo Alto, Cal., base hospital, Capts. W. E. McLaughlin, Los Angeles; M. F. Miller, Whittier; Lieuts. C. D. Sweet, Fresno; Major J. A. Parks, San Diego; Capts. O. O. Young, Garden Grove; J. E. Fahy, Los Angeles; H. A. Hoit, Pasadena.

To Camp Grant, Rockford, Ill., Capt. V. Chalmers-Francis, Los Angeles.

To Camp Hancock, Augusta, Ga., base hospital, Lieut. F. E. Herzer, Loma Linda.

To Camp Kearney, Linda Vista, Cal., base hospital, Capts. J. H. Pettis, Fresno; A. W. Teel, Glendale; H. A. Fiske, Pasadena; Lieuts. E. H. Hall, Los Angeles; J. Thornton, Los Angeles.

To Camp Lewis, American Lake, Wash., base hospital, Capts. C. O. Mitchell, Fresno; M. L. Loomis, Los Angeles; J. K. Swindt, Pomona.

To Camp Logan, Houston, Tex., base hospital, Lieut. W. D. Bishop, Sawtelle.

To Camp MacArthur, Waco, Tex., base hospital, Capt. C. P. Conroy, Los Angeles.

To Camp Meade, Admiral, Md., base hospital, Lieut. F. B. West, Los Angeles.

To Camp Pike, Little Rock, Ark., base hospital, Capt. J. A. Balsley, Santa Monica; Lieut. J. L. Miller, Jr., Los Angeles; Capt. J. A. Jackson, San Diego.

Camp Travis, Fort Sam Houston, Tex., base hospital, Lieut. J. H. Schaefer, Los Angeles.

To Fort McHenry, Md., base hospital, Lieut. J. C. Irwin, Los Angeles.

To Fort Oglethorpe for instruction, Capt. H. M. Griffith, Pasadena; Lieut. D. E. Shea, Los Angeles.

To Fort Ontario, N. Y., base hospital, Capt. L. L. Riggin, Pasadena.

To Fort Riley for instruction, Capts. J. V. Brown, Glendale; M. Campbell, D. W. Skeel, Los Angeles; B. Palmer, Venice; Lieuts. A. E. Skeenberg, Fresno; F. C. Swearingen, Pomona; Capt. J. T. Fisher, Los Angeles.

To Rochester, Minn., Mayo Clinic, for instruction, and on completion to Camp Grant, Rockford, Ill., base hospital, Capt. C. A. Johnson, Los Angeles.

To San Francisco, Cal., for instruction, and on completion to his proper station, Capts. Harvey L. Thorpe, Los Angeles; P. M. Savage, San Bernardino; Lieut. W. T. Rothwell, Los Angeles.

To Letterman General Hospital for duty, Capt. F. K. Collins, Los Angeles.

To report to the Commanding General, Western Department, for assignment to duty, Capt. F. W. Hanford, Los Angeles.

BOOK REVIEWS

MILITARY MEDICAL ADMINISTRATION. By JOSEPH H. FORD, B.S., A.M., M.D., Colonel, Medical Corps, U. S. Army. Second revised edition, with 30 illustrations. Published with the approval of the Surgeon-General of the U. S. Army. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. Price $5.00.

This is a timely authoritative work, giving the details of military medical administration with satisfactory thoroughness. The method of administering the Medical Department as a whole and the general principles, with some details, governing the administration of its elements are prescribed in Army Regulations, the Manual for the Medical Department, the Field Service Regulations, and in orders, bulletins and other documents published from the offices of the Adjutant-General or Surgeon-General of the army. This volume deals with some of the administrative methods adopted by subordinate officers in their efforts to comply with these publications. It indicates in detail how many official duties are discharged, and should prove a help to the novice in the avoidance of many common errors. The author has rendered a valuable service at this time, in bringing together in one volume a large amount of pertinent information scattered through the many official publications of the Army, Navy and Public Health Service. No military official can afford to be without it.

Some of the more important works with which a medical officer should acquaint himself are the following: "Army Regulations," "Field Service Regulations," "Manual for the Medical Department," "Drill Regulations of the Medical Department," "Manual for Courts-Martial," "Manual for Army Cooks," Mason's "Handbook for the Medical Corps," Straub's "Medical Service in Campaign," Morrison and Munson's "Study in Troop Leading and Management of the Sanitary Service in War," Munson's "Sanitary Tactics," Sherill's "Map Reading," Moss's "Officers' Manual," Lelean's "Sanitation in War," Havard's "Military Hygiene," and LaGarde's "Military Surgery."

THE HODGEN SPLINT. The exemplification of the Hodgen Wire Cradle Extension Splint with other helpful appliances in the treatment of fractures and wounds of the extremities, and its application in both civil and war practice. By FRANK G. NIFONG, M.D., F.A.C.S. With an introduction by HARVEY G. MUDD, M.D., F.A.C.S. 162 pages. With 124 illustrations. St. Louis: C. V. Mosby Company, 1918.

Our Civil War produced a great advance in the treatment of fracture of the femur. Gurdon Buck gave us his extension. Nathan Ryno Smith gave us his suspension splint. John Thompson Hodgen, by his ingenuity, combined both valuable features in one, and pro-

duced his suspension extension splint. This is a timely monograph, of interest especially to surgeons and general practitioners who are called upon to deal with fractures of the femur.

NAVAL HYGIENE. By JAMES CHAMBERS PRYOR, A.M., M.D., Medical Inspector, United States Navy; Master of Arts in Hygiene, Johns Hopkins University; Head of the Department of Hygiene, U. S. Naval Medical School; Professor of Preventive Medicine, George Washington University. Published with approval of the Surgeon-General, U. S. Army, and by permission of the Navy Department. With 153 illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. Price $3.00.

This is a handy volume, indispensable to those of our profession who have to do in a practical way with naval hygiene.

INTERNATIONAL CLINICS. Edited by H. R. M. Landis, Philadelphia. Volume II. Twenty-eighth Series. 1918. Philadelphia and London: J. B. Lippincott Company.

This volume contains the usual run of good things we are accustomed to find in the International Clinics. Dean Lewis, as a part of his Clinic at the Presbyterian Hospital, Chicago, gives brief histories of some cases of cervical ribs, in some of which the pain came on late in life, one at 36 and the other at 62 years of age. He believes the pain in these cases was due to other factors, and that pain should not be regarded as an indication for operation for the removal of cervical ribs, unless it is associated with the other changes, atrophic, sensory and vascular, which we know to be associated with cervical ribs.

HEADACHES AND EYE DISORDERS OF NASAL ORIGIN. By GREENFIELD SLUDER, M.D., Clinical Professor and Director of the Department of Laryngology and Rhinology, Washington University Medical School, St. Louis. With 115 illustrations. St. Louis: C. V. Mosby Company, 1918.

Almost a quarter century ago Ewing declared the asthenopics are really not eye cases but nose cases of some kind at that time not understood. The so-called suppurative nasal diseases may not always be regarded as cured upon the cessation of the nasal suppuration. As in the domain of "hysteria" and "neurasthenia" and "malaria" the number of cases left in the categories of "migraine" and "asthenopia" and "idiopathic optic neuritis" and "idiopathis atrophy" becomes smaller with each advance in our understanding of deeper lying facts. The frequency of headache without recognizable systemic or organic neurological basis is well known. The mystery of the etiology of many eye lesions is also well known. Sluder believes that the explanation of many of these cases is to be found in a hyperplastic lesion of the post-ethmoidal-sphenoidal region, a lesion that is very common and often found without symptoms.

THE WASSERMANN REACTION. By CHARLES F. CRAIG, A.M. (Hon.), M.D. (Yale); Lieutenant-Colonel, Medical Corps, United States Army; Fellow of the American College of Surgeons; Formerly Assistant Professor of Bacteriology and Pathology, Army Medical School, and George Washington University; Commanding Officer, Department Laboratory, Central Department, United States Army, Fort Leavenworth, Kansas. Published with the authority of the Surgeon-General, United States Army. Illustrated with colored plates, halftone plates, and fifty-seven tables. St. Louis: C. V. Mosby Company, 1918.

There is still a great deal of misunderstanding and confusion among the members of the medical profession regarding the exact value and limitations of the Wassermann test, both in the diagnosis of syphilis, and when used as a control in the treatment of the disease. Much of this misunderstanding rests upon the shoulders of laboratory workers, for too often the performance of the Wassermann test has been delegated to poorly trained or careless assistants, and thus the results obtained with the test have been erroneous and unsatisfactory. The failure to secure a satisfactory standard technic is largely

due to the difficulty of securing a standard antigen.

It is a pleasure to recommend a monograph on this subject written by Craig, who has won the confidence of those familiar with his work, largely because of his accurate observations and careful deductions.

INFANT FEEDING. By Julius H. Hess, M.D., Major, M. R. C., U. S. Army, Active Service; Professor and Head of the Department of Pediatrics, University of Illinois, College of Medicine; Chief of Pediatric Staff, Cook County Hospital; Attending Pediatrician to Cook County, Michael Reese and Englewood Hospitals, Chicago. Illustrated. Philadelphia: F. A. Davis Company, Publishers. English Depot: Stanley Phillips, London. 1918.

This is an excellent manual on the principles and practice of infant feeding, well adapted to the requirements of teachers and students in preparing for clinical conferences. Hess is a safe man to follow. We would recommend it also to nurses needing such a book, and to the men in general practice who want something up-to-date and meaty on the subject.

TO PHYSICIANS OF AMERICA.

Surgeon-General Gorgas has called for 1000 graduate nurses a week—8000—by October 1.

25,000 graduate nurses must be in war service by January 1—in the Army Nurse Corps, in the Navy Nurse Corps, in the U. S. Public Health Service, in Red Cross war nursing.

This involves withdrawal of many nurses from civilian practice and necessitates strict economy in the use of all who remain in the communities.

You can help get these nurses for our sick and wounded men by—

Bringing this need to the attention of nurses.

Relieving nurses where possible wholly or in part from office duty.

Seeing to it that nurses are employed only in cases requiring skilled attendance.

Insisting that nurses be released as soon as need for their professional service is ended.

Seeing that your patients use hospitals instead of monopolizing the entire time of a single nurse.

Encouraging people to employ public health nurses.

Instructing women in the care of the sick.

Inducing high school and college graduates to enter the Army School of Nursing or some other recognized training school for nurses.

Encouraging nurses to go to the front involves real personal sacrifice and added work on the part of the physicians whose duty it is to maintain the health of our civilian second line defense—

But the men who are fighting for their country in France need the nurses.

Department of Nursing,
American Red Cross,
Washington, D. C.

SOUTHERN CALIFORNIA PRACTITIONER.

Vol. XXXIII. LOS ANGELES, OCTOBER, 1918 No. 10

INFLUENZA.

BY GEO. E. MALSBARY, M.D., LOS ANGELES, CAL.

Influenza (Italian, from "influence"); the Grip; La Grippe; Epidemic Catarrhal Fever; Chinese Catarrh (Russian); the Russian Disease (German and Italian); Italian Fever, Spanish Fever (French).

Influenza is a highly contagious, acute infectious disease, characterized by catarrhal symptoms on the part of the organs of respiration and digestion, and nervous symptoms, especially prostration.

The disease was probably recognized by Hippocrates (Parks), and epidemics of this nature were recorded in the ninth century. In 1173 the disease seems to have been epidemic throughout Europe. The first accurate description is of the epidemic of 1510, when it is said scarcely a person escaped. The epidemic of 1557 spread westward from Asia to Europe and to America. The epidemic of 1647, which appeared first in Italy and France (1626-1627), is the first epidemic of the disease mentioned in American records. Epidemics were also recorded in 1239 and 1311, 1323 and 1327, 1387, 1403, 1404, 1411, 1414, 1427, 1510 (first pandemic), 1557, 1562 and 1563, 1580 (second pandemic), 1591, 1593, 1597, 1626, 1647, 1658, 1675, 1688 and 1693, 1709, 1712, 1729-30, 1732-33, 1737, 1742-43, 1758, 1761, 1767, 1775-76, 1780-81, 1781-82, 1788-89, 1799-1800, 1802-3, 1830-32, 1837-38, 1847-48, 1850-51, 1855, 1857-58, 1873-75, 1879, 1885-88 and 1889-90, the last severe pandemic.

The present pandemic was recognized by the Germans along their eastern front in the summer and fall of 1917, and assumed great severity in Spain and France in May, June and July, 1918.

Pfeiffer discovered the influenza bacillus in 1890, towards the close of the last severe pandemic of influenza. In the present epidemic Pfeiffer's influenza bacillus has been rarely found. Streptococci, pneumococci, gram-negative cocci, and especially a gram-positive, pleomorphic coccus that tends to produce involution forms and to grow in long chains, resembling streptobacilli, have been described in the British, French, German and Spanish literature during the present epidemic. Both the pleomorphic coccus in the sputum and the influenza bacillus in swabbings

from the nasopharynx, have been found by the New York City Department of Health during the present epidemic.

Influenza is highly contagious, and may be conveyed by fomites (clothing, third parties). The disease has been reported in infants only a few days old. The most susceptible period of childhood seems to be from the eighth to the tenth year.

Influenza shows the usual prodromata of infection: malaise, languor, headache, etc. The period of incubation varies from a few hours to four days. Usually the onset is sudden, with symptoms on the part of the respiratory tract, the gastro-intestinal tract and the nervous system.

The respiratory tract presents catarrhal symptoms, some fever, dryness and swelling of the mucous membrane of the nose, with early increased secretion and coryza. Often there is intense bilateral bronchitis and pneumonia. Photophobia and lachrymation are frequently present.

The temperature is raised, often reaching 103-104° early in the disease, with chilly sensations and pains in various parts of the body, especially the head and back.

On the part of the gastro-intestinal tract there are nausea, dyspsia, vomiting, diarrhoea and icterus, symptoms due to inflammation—catarrh—of the gastro-intestinal mucous membrane.

The nervous symptoms are supposed to be largely caused by toxins. The spirits are depressed, the patient experiences sinking sensations, and there is marked prostration. Headache is a constant symptom, usually frontal—supraorbital neuralgia. There are pains in the back and legs and general soreness. There may be drowsiness and somnolence or insomnia. Vertigo may be persistent and severe. Cerebrospinal meningitis is a rare complication. Not infrequently tuberculosis follows influenza, or is changed from a latent to an active process. There is no or but little leucocytosis in influenza.

In diagnosis, the sudden onset with fever and prostration, and the respiratory, gastro-intestinal and nervous symptoms are characteristic. In various epidemics, symptoms on the part of the respiratory tract, the gastro-intestinal tract or the nervous system predominate. In the present epidemic there is a preference for the respiratory tract, and the percentage of pneumonia has been high. There is marked prostration, the toxin apparently weakening the heart muscle.

Deaths are usually due to complications. Uncomplicated influenza is seldom fatal, except among the feeble, the aged, invalids, young children, and especially among heavy drinkers.

In the absence of complications or relapses (which are prone to occur) influenza runs its course in a few days, the fever usually lasting only three or four days.

In the way of prevention, the debilitated should not be exposed to the possibility of infection. Cases of influenza are reportable and should be isolated or thoroughly masked. Face masks, to be effective, should be made of the finer gauze, such as the so-called butter cloth.

The influenza patient should go to bed at once and send for his physician. This greatly minimizes the likelihood of complications. It should go without the saying that no one should sleep in the same room with the influenza patient, and no one but the nurse should be allowed in the room.

Early in the course of the disease, especially when gastro-intestinal symptoms predominate, calomel and the saline purgatives may be used. A light "fever diet"—milk, the gruels, beef tea—should be observed. In relief of symptoms, appeal may be made to the salicylates, salicylate of sodium, salol, best salipyrin or the salicylate of cinchomidin, which causes less depression;

lactophenin, phenacetin, antipyrin; morphin or opium, best in the form of Dover's powder. Like antipyrin, quinin has been both advocated and condemned.

The bacterial vaccines are being used, and some very good reports have come, especially from the use of mixed vaccines.

The serum from convalescents is being used. To be of value, it must be from a case of the same type of infection.

Usually it suffices to put the patient to bed and keep him there, administer a single initial evening dose of Dover's powder, 1.0 (grs. xv) for an adult of 150 pounds, and follow with a salicylate during the continuance of the disease, with a light "fever diet" so long as there is fever.

Complications should be met promptly. For this reason the combined vaccines, especially those of the mixed-streptococcus, pneumococcus and influenza bacillus are useful.

Relapses are prone to occur. They are best guarded against by prolonged rest in bed, and by avoiding undue exposure during convalescence. It is a pretty good general rule to have the patient wear warm clothing after he is up and about.

Recapitulation.

"Spanish influenza" is not a new disease.

Influenza is a highly contagious infection.

Report and isolate your cases.

Keep influenza patients abed while there is fever.

Maintain a light fever diet while there is fever.

Keep the bowels open.

Dover's powder and salicylates increase comfort.

Use mixed vaccines.

Avoid or meet complications.

Use warm clothing during convalescence.

AN UNPRECEDENTED OPPORTUNITY FOR WOMEN.

BY EMMA WHEAT GILLMORE, M.D., CHAIRMAN COMMITTEE OF WOMEN PHYSICIANS, GENERAL MEDICAL BOARD, COUNCIL OF NATIONAL DEFENSE.

The same year that gold was discovered in California, a lone pioneer received the first medical diploma which the United States had issued to a woman. Other colleges shortly followed the example of the one which had opened its doors to Elizabeth Blackwell, and today over fifty co-educational medical schools admit women upon the same terms as men.

There are more than 25,000 American physicians in military service at this writing, and the Council of National Defense is undertaking, through the Volunteer Medical Service Corps—an organization which has President Wilson's approval—the task of classifying the qualifications of ninety thousand more. Of these, about six thousand are women, less than one-third of whom have registered with the General Medical Board.

Women of the profession, unless our qualifications are standardized and on file, can you not see that we are an unknown quality and quantity as far as the Government is concerned? In spite of the overwhelming difference in number—6,000 women and over 100,000 men—and regardless of the fact that over twenty-two centuries have passed since Hippocrates wrote the immortal Oath and only sixty-nine years have elapsed since women entered the medical profession, the Volunteer Medical Service Corps has invited them to membership with the same impartial cordiality as it has the men.

During the last week in August application blanks for the Volunteer Med-

ical Service Corps were mailed in franked envelopes to all legally qualified men and women in the United States who were not already in Government service. Presumably a number of women have been overlooked because many of them are not members of medical societies, but this will speedily be corrected if a notification of the omission is sent to the Volunteer Medical Service Corps, Council of National Defense, Washington, D. C.

Meanwhile, medical women who possess a vision will see in the Volunteer Medical Service Corps an incomparable method of organization which will register their qualifications and place them in an identical coded class system with men physicians. This Corps is in reality an ideal procedure for mobilizing the military forces of our country for selective medical war service. Incidentally it will place loyal and patriotic medical women by the side of those men who are willing to give themselves. Even though all of them are not elected to membership, their names will be on file with the Government as willing to serve as far as their strength and capability will permit, and no one can point a finger at them and say "slacker."

Will a page be turned over in the history of American medical women upon which will be written the qualifications of 6,000 of them, matching that group of English physicians known as the Scottish Women's Hospitals, which was so perfectly organized that they were able to hand over to their Government a constructively organized body of professional women for military service? Or shall we continue, as we have done in sporadic groups for the past 69 years, to demand recognition of men and at the same time neglect to unanimously affiliate with them in recognized medical societies, and to withold our influence both with pen and vote when medico-social and medico-political and medico-scientific issues are at stake which shake the very foundation upon which medicine rests?

The body politic of the civilized world holds a prominent place for the profession of medicine in the near future. Are we to have a hand in shaping it? The Volunteer Medical Service Corps is big with promise for women of the medical profession if we take advantage of it to put ourselves on record. The response which the Council of National Defense receives from women who apply for membership will tell the tale as to whether they have or have not grasped and taken advantage of the unprecedented opportunity which this world's war for Democracy has opened up for them through the medium of the Volunteer Medical Service Corps.

"Who is not thrilled by what Pershing and his glorious men have done already upon the field of battle? Those untrained freemen of democracy have met the veteran fighters and the best trained soldiers of autocracy and have vanquished them, not by foul means, but by fair fighting. They have already demonstrated that the power of righteousness and of democracy is irresistible; that the doom of autocracy is sealed and the day of reckoning near at hand."—Secretary William G. McAdoo.

"We are building a great merchant marine. Upon completion it will be the largest, most efficient, and modern merchant fleet in the world. The wharves and terminal facilities we are constructing in America for the accommodation of this merchant marine are an essential part of it. Our commerce after the war will be facilitated by these great National undertakings, and the money used for these purposes is an investment of immeasurable value to the American people."—Secretary William G. McAdoo.

SOUTHERN CALIFORNIA PRACTITIONER.

A MEDICAL, CLIMATOLOGICAL AND SOCIOLOGICAL MONTHLY MAGAZINE.
This journal endeavors to mirror the progress of the profession of California and Arizona.
Established in 1886 by Walter Lindley, M.D., LL.D.
DR. GEORGE E. MALSBARY, Editor and Publisher.

Address all communications and manuscripts to
EDITOR SOUTHERN CALIFORNIA PRACTITIONER,
Subscription Price, per annum, $2.00. 1414 South Hope Street, Los Angeles, Cal.

EDITORIAL

NAVAL BASE HOSPITAL NO. 3.

The Los Angeles Times of September 25th says:

United States Navy Base Hospital No. 3, organized in this city by Dr. Rae Smith, is now installed in a permanent location overseas and is actively at work, according to a letter received yesterday by Miss Williamson, superintendent of nurses at the California Hospital, from Miss Sue Dauser, chief nurse of the hospital unit. Miss Dauser dates her letter simply "Great Britain."

Miss Dauser's letter is as follows:

"The nurses of the unit are very happy to be able to say that Navy Base Hospital No. 3 is at last a reality. We are established upon British soil, and our doctors consider the location highly advantageous. We are, of course, not permitted to mention dates or places.

"We came over on a converted liner under convoy. We traveled very comfortably. The weather was perfect and no one suffered seriously from sea sickness. There were no submarines or excitement of any sort.

"A number of precautions were taken in case of shipwreck. Each passenger had to carry a life preserver wherever he went. There was lifeboat drill every day, and the last four nights we were ordered to sleep in our clothes. The ship was darkened every night at 6 p.m. and the portholes were not reopened until 6:30 a.m. However, the possibility of encountering U-boats did not throw any damper on our spirits and the party enjoyed themselves immensely.

"We docked about 5 p.m. at a British port, and finished our journey by sitting up all night in compartment cars. We reached the hospital about 10 a.m. and were given a royal welcome by our doctors and corps men, who were present in full force to greet us. They also had a delicious breakfast prepared, which was most acceptable.

"The hospital is to be housed in an institutional building lately vacated by the British. The site is quite picturesque, and no doubt when repairs and alterations are complete it will make a very satisfactory war hospital.

"The navy is sending in patients almost as fast as the wards can be pre-

pared and we expect to be quite busy. The country is wonderful. Everything is just like a garden. The climate is very cool. August is said to be one of the warmest months and we find our heavy coats comfortable. There is rain nearly every day.

"The people are very cordial and make us welcome everywhere. The streets are full of uniforms. We see soldiers here from every part of the United Kingdom.

"Women have replaced men in a great many of the public utilities. Women operate the street cars and carry mail. We see women sweeping the streets and handling baggage at the railway stations.

"Newspapers here are very abbreviated affairs. They are limited to two pages, and of course devote themselves largely to British affairs. We miss greatly hearing just what our boys are doing at the front, but rejoice that the war news still continues favorable.

"The address of the unit is now: Navy Base Hospital No. 3, care of the Postmaster, New York."

While the letter from Miss Dauser does not give the location of the unit yet from other sources we learn that it is in the suburbs of Edinburgh, Scotland.

CHEMICALLY CURED MAMMARY CANCER.

Dr. Charles William Strobell of New York in an address before the Surgical Section of the N. Y. Academy of Medicine published in the Medical Record (N. Y.) September 21, 1918, advocates the "Treatment of Inoperable Cancer of the Breast by Chemical Extirpation." (Caustics.)

Dr. Strobel claims that the use of caustics by quacks has unduly prejudiced the profession against what he considers a valuable therapeutic procedure.

If the application of the caustic can be deprived of pain; if the lower axillary regional metastases can also be successfully and safely removed by caustics, should not this method be considered worthy of an extended trial? If it can be applied equally well to that class of breast cancers called inoperable; if it can be resorted to with safety at any age or stage; if it is known that local recurrence is far less frequent than after the knife; if the resulting operative field is more free from scars and skin tension; if the method is free from the objection of mechanical dissemination; if as a result of its use there would be far less probability of inoculation metastasis, the intrinsic value of the method would, I think, be readily conceded.

If the writer did not believe that he had overcome all these technical difficulties of the chemical operation, he would not feel justified in bringing the subject before your attention. Thus far the operation has been employed almost entirely in the inoperable conditions. A direct result of the caustics is the production of a severe inflammatory reaction followed by a profuse leucocytosis in the tissues underlying and adjacent to the devitalized parts in the floor of the wound, and in these phenomena resides the intrinsic value of the method, since these processes are theoretically destructive of cancer cells not to be reached by the knife.

This operation is claimed to be painless, thorough, and safe, in any condition or stage, and gives ideal functional results.

The theoretical value of the method lies in the fact that mechanical dissemination of the disease is rendered improbable. The practical value of the procedure lies in the safe, rapid and thorough removal of hemorrhagic, necrotic, and generally septic masses, from the pressure and absorption of which these patients suffer. There

seems to be no other equally adequate resource.

The operation is and will be increasingly popular with women, the majority of whom would choose this more attractive and safer way; which is also equally expeditious with the standard surgical procedure. With scarcely an exception in the class of cases thus far treated by the author not even a palliative knife operation would have been considered.

LIEUTENANT CHANDLER P. BARTON.

The Los Angeles Times of September 6th says:

"Among the successful candidates for commissions at the Field Artillery Central Officers' Training School at Camp Taylor, Ky., is Chandler Packs Barton, son of Dr. Herbert Packs Barton of the Clara Barton Hospital. Lieut. Barton graduated at the Los Angeles High School and afterwards entered the University of California, where he took the degree of B.A. with honors in 1916 and the degree of M.A. in 1917. He is a member of the Delta Kappa Epsilon Fraternity, the Sphynx and several other college societies. He attended the Monterey training camp and enlisted for service the day war was declared, but was taken ill with pneumonia.

"This prevented his acceptance in any branch of the service, until he succeeded in entering the fourth officers' training school. He has been detailed for immediate duty at Camp Meade, Md."

This splendid young American is a grand-nephew of Clara Barton and is well worthy of any honors he may receive.

MOBILIZATION OF WOMAN PHYSICIANS FOR ANESTHETIC SERVICE.

Every effort is being made to keep war surgery at top-notch efficiency and to provide every wounded American doughboy with safe, rapid and comfortable anesthesia, both at the front and in the hospitals in Blighty.

In this connection the following telegram is self-explanatory:

(Copy)
Washington, D. C.,
Sept. 18.

Dr. F. H. McMechan,
Avon Lake, Ohio.

Proceed at once to secure qualified women physician anesthetists under 45 years of age, of mental poise, as well as young women graduates, who are competent for such service.

(Signed)
Dr. Franklin Martin, (per)
Dr. Emma Wheat Gillmore.
Chairman Woman Physicians' Committee, Council National Defense, Medical Section.

Those women physicians, who are qualified for anesthetic service and who are competent to be intensively trained, are requested, at once, to get in touch with DR. F. H. McMECHAN, Secy. Interstate Anesthetists, American Anesthetists, Avon Lake, Ohio.

October 1, 1918.

To all physicians of Los Angeles county:

By action of the California State Board of Health, September 27th, 1918, Influenza was made a reportable disease and also quarantinable. You are therefore notified to report all cases of Influenza developing in the unincorporated or rural districts of Los Angeles county to the County Health Department, Main 2300 or 60831.

Your attention is directed to the fact that the county ordinance makes the attending physician responsible for the isolation of the infected individual until the Health Department can act. Your prompt co-operation is earnestly solicited.

Very truly yours,
J. L. POMEROY, M.D.,
County Health Officer.

EDITORIAL NOTES

Dr. H. B. Tebbetts is now Captain at the Base Hospital Camp Kearney.

Capt. T. L. Brown of Riverside has been sent to Fort Douglas, Utah.

Dr. J. R. Silverthorne, formerly of Twin Falls, Idaho, has located in Long Beach.

Lieut. J. Swancott of Los Angeles has been sent to Camp Kearney, Cal., as orthopedic surgeon.

Capt. H. C. Seager of Los Angeles is now located in the base hospital at Jefferson Barracks, Mo.

Dr. C. R. Benney has received his commission as Lieutenant and been stationed at Camp Fremont.

Capt. T. H. T. Wight of Santa Monica has been stationed at Camp Zachary Taylor, Ky., Base Hospital.

Lieut. W. L. Denton of Randsburg has been stationed at the evacuation hospital, Camp Greene, N. C.

Dr. C. M. Greusel of San Bernardino has received his commission as Captain and been stationed at Omaha.

Capt. J. H. Titus of Ontario and Lieut. B. M. Frees of Los Angeles have been sent to Fort Riley, Kansas.

Lieutenant T. R. Cunnane of Los Angeles has been assigned to Camp Fremont, Cal., as orthopedic surgeon.

Lieut. Gordan S. Courtenay, formerly practicing in San Diego, died in service in New York of Spanish influenza.

Dr. Frederick C. Curtis, formerly Lieutenant in the U. S. Army, has returned and resumed his private practice.

Dr. Frank A. Burger, until last June a practicing physician in El Centro, Imperial Valley, has arrived safely overseas.

Dr. Charles O. Hanson of Pasadena has received his commission as Captain and is now stationed at Fort Undfield Scott, San Francisco.

Dr. W. O. Henry announces the removal of his offices from the Marsh-Strong building to Hotel Lee, 822 West Sixth street, Los Angeles.

Capts. E. M. Pallette of Los Angeles and C. A. Bell of Santa Barbara are now stationed at the Letterman General Hospital in San Francisco.

Dr. Alfred Fellows, the well known Los Angeles practitioner, is now stationed at Honolulu, having received his commission as Captain in the U. S. A.

Dr. H. W. Edgerton of Pomona is stationed at Letterman Hospital at the Presidio, San Francisco, where he has charge of Eye, Ear, Nose and Throat patients.

Although anti-toxin is a great blessing, yet there are still in the United States 23,000 deaths annually from diphtheria. Who will discover the way to save these 23,000 lives?

Dr. Granville MacGowan, chairman of the Medical Advisory Board, is devoting much of his valuable time to the Government's work. His associates are also to be greatly commended.

Dr. C. F. Metcalf of South Pasadena is now assistant camp surgeon at Camp Kearney. Capts. W. H. Gilbert and H. B. Tebbetts of Los Angeles are in the base hospital at the same camp.

Dr. H. H. Chamberlain, formerly of Glendora, is now filling an important position in the U. S. Navy. The doctor is Lieutenant-Commander at the U. S. Naval Training Station, San Francisco.

Dr. W. W. Roblee of Riverside, who is Major in the Army, is the head of the Government's great Army Hospital

at Newport News, Virginia. Dr. Roblee has recently been at home on a furlough.

Dr. E. M. Pallette is now Captain Pallette at the Letterman Hospital, San Francisco. This makes the eighth doctor to leave the Physicians' and Surgeons' Building, 1501 South Figueroa St., for the service.

Dr. Halden Jones, so long associated with Dr. John C. Ferbert, followed his chief's example and is now Capt. Jones at Fort Oglethorpe, Ga. Dr. Jones was chief medical examiner for local board No. 18, Los Angeles city.

The following is becoming popular as a stamp on papers and letters:

"I cross my heart and wish to die,
If I should ever, ever buy,
Another thing on which I see,
The Trade Mark 'Made in Germany.'"

Dr. Charline Smith of Los Angeles has been ordered by the Government to service in the Letterman Hospital at the Presidio, San Francisco, where she will devote her time to giving anesthetics, in which she has become noted in Los Angeles.

Dr. Byron Stookey, Captain in the army, is doing some special research work in nerve grafting for the Surgeon-General. Dr. Stookey is stationed at the Michigan State University, Ann Arbor, and is doing his work in laboratory of that institution.

Dr. Chas. C. Browning of Los Angeles, the tuberculosis expert, has received his commission as Captain in the Medical Reserve Corps. Dr. Browning has been doing valuable work for the government ever since the war began. He is a thorough-bred patriot.

While in San Francisco recently we had the pleasure of meeting Capt. T. R. McNab, one of the brilliant Los Angeles surgeons who is at present located in the evacuation hospital in San Francisco. Lieut. G. T. Boyd of Los Angeles is also located at the same place.

Capt. I. R. Bancroft of Los Angeles has been sent to Camp Logan, Texas, Base Hospital. Dr. Bancroft is one of the many, many Los Angeles practitioners of prominence who have given up their important work at home to do what they considered their duty in the war.

Owing to the great shortage of physicians in England, both negroes and Chinese having proper credentials are being appointed on the house staffs of the British hospitals. Throughout Great Britain and Continental Europe there is very little race prejudice. The question is: Have you the proper credentials, as to education and character, not what is your color?

Dr. Peter C. Remondino has been re-elected president of the San Diego Board of Health. Since Dr. Remondino has been a member of the Board of Health he has served six terms and is now entering upon his seventh term as president. The doctor is one of the most broadly educated men in America and spends much of his time in the midst of a wonderful library.

It is said that the Government will provide a very large hospital in Southern California for returning soldiers of the United States Army. We suggest that our patriotic business men watch to see that the Government is not mulcted by the owner of some factory, health resort or hotel which has proved to be a dead horse. It is all right if the Government only pays what such a piece of property is worth, but the danger is that some promoter will get an extra one hundred thousand on the side.

The National Medical Association, consisting of 5000 colored physicians, held its annual convention in Richmond, Va., during the last week in August and passed resolutions stating that the members of their race are not given a fair representation in the Medical Reserve Corps of the Army, and the colored nurses are not allowed to care for

colored soldiers on the battle fields of Europe. The colored soldiers have made a splendid report wherever they have appeared in action in this war, and the colored nurses and doctors should be treated liberally by the Government.

Dr. William B. Bullard, age 89, who had been a resident of Los Angeles for thirty-two years, died Sept. 23rd. He was the father of Dr. Frank Bullard, the well known oculist, and of Dr. Charles T. Bullard, who is a Lieutenant in the army and stationed at Fort Riley, Kansas. Dr. Bullard was the oldest member of the Los Angeles County Medical Society. He was in active practice up to almost the day of his death. He was a man who was highly esteemed by all who knew him, educated, ethical and courteous. His widow, who is only a year or two younger, survives him.

Mrs. B. M. Ley and Miss Margaret Ley have established a Children's Nursery in the hills of Garvanza at 915 West Ave. 63, where they make a specialty of caring for malnutrition cases and children who are convalescing.

Dr. Charles G. Stivers, now serving as Captain in the Medical Corps, Aviation Section, U. S. Army, wishes to announce that Mrs. Stivers has fitted herself to take charge of his work in the correction of defects of speech, stammering, lisping, stuttering and all faulty articulation. Mrs. Stivers' office and residence is 1115 Arapahoe street, phone 53911. Hours by appointment only.

Dr. Whitlock of Los Angeles is recuperating from diphtheria in a hospital in France. He was working in the Children's Welfare Division of the American Red Cross. Just after he left Compiegne, where he had a clinic, the Germans bombarded and destroyed his place of treatment for the children. He says that children only 1 year of age eat pork and beans, bread and drink black coffee. Dr. Whitlock is the first American doctor to be awarded the "Medaille d'Epidemics" by the French government. He received this medal while sick. When able he will take charge of the Sulpice, an old sanatorium which was given over to the refugees. There are from 2000 to 4000 persons at this place every day.

The Santa Barbara News says: "The finest laboratory and clinic for research work in medicine and surgery is to be provided for Santa Barbara through the munificence of George Owen Knapp and others, believed to be Clarence A. Black, C. K. G. Billings and Frederick F. Peabody. The building for the clinic and laboratory is to be built at the Cottage Hospital, as another wing of the present structure, and will be similar in exterior architecture to the maternity building which is now nearing completion, and which was also the gift of the four philanthropists mentioned. Unusual interest and importance attaches to the announcement which The News is privileged to make today, as the laboratory and clinic are to be provided especially for the work being carried on by Dr. Nathaniel Bowditch Potter, the medical scientist from Carnegie Institution, who is now residing here to carry on special medical research studies in connection with diabetes and Bright's disease and kindred ailments."

The Los Angeles Examiner of September 20th says:

The heroism displayed by nurses in the field hospitals in Europe is revealed in a letter received by Mrs. William Calelengh, 1175 West Thirtieth street, from a Los Angeles girl, Margaret Reilly, serving with a Canadian field hospital.

Miss Reilly received her training at the California Hospital and practiced several years in Los Angeles before the war broke out, when she went to Canada and enlisted.

"My spring hat is quite dark and

very heavy, and I wear it only when it thunders very heavily," she writes. "I hope I will live to see the finish, but would not be surprised if I did not, so you can figure out what I mean.

"I have just made the rounds. This influenza has been quite bad. I had it, but did not go off duty, as I could not afford to. One coughs here, and one there, and I go armed with all kinds of medicine.

"Just now I am on night duty and one who comes from your land is in the throes of pneumonia.

"All last night I worked against time and tonight I am giving oxygen quite frequently and I believe I will win out.

"I have 80 patients tonight, so you see I have to go some.

"It is raining. We will have a quiet night, for it is black as pitch, the greatest comfort you can have here. Do you understand? I am not fearful, but only hope that if it comes it will be quick so I will not know."

Lieut.-Col. C. W. Decker of Los Angeles is now in France, chief surgeon of one of Pershing's brigades.

The following Southern California physicians have been stationed as below:

Lieut. W. T. Rothwell of Los Angeles to Camp Crane, Pa.

Capt. A. T. Newcomb of Pasadena and Major H. C. Loos of San Diego to Camp Kearney, Cal.

Major R. L. I. Smith of Pomona to Canal Zone.

Lieut. B. A. Swartz of Los Angeles to Fort Bayard, N. M., for observation and treatment.

Major O. Anderson of Ocean Park to Fort McDonald, Cal.

Capt. J. G. Ham of San Bernardino and Lieut. W. J. McKenna of Los Angeles to Fort Oglethorpe, Ga., for instruction.

Capt. C. M. C. Walters of Los Angeles to report to the Commanding General, Western Department.

Lieut. C. F. Curtis of Hollywood honorably discharged.

Lieut. C. Wilson of Los Angeles to Camp Bowie, Fort Worth, Texas.

Lieut. S. N. Atkins of Venice to Camp Cody, Deming, N. M.

Capt. H. W. Murray, Pasadena, and Lieut. O. M. Harrah of La Manda Park to Camp Fremont, Palo Alto, Cal.

Lieut. C. D. Fanton, Riverside, to Camp Kearney, Linda Vista, Cal.

Capt. H. K. Berkley of Santa Monica and Capt. T. J. Orbison of Los Angeles to Camp Lewis, American Lake, Wash.

Capts. A. G. Haygood of Downey, E. A. Jones, Los Angeles, and R. T. Smith of Pomona to Fort Riley, Kansas.

Lieut. O. W. Butler of Los Angeles to Boston, Mass., Harvard Graduate School of Medicine.

Capt. H. M. Griffith of Pasadena to Camp Crane, Pa.

Major A. C. Magee of San Diego to Camp Custer, Michigan.

Major O. Anderson, Ocean Park to Fort McDowell, Cal.

Capt. W. P. Burke of Redlands to Letterman General Hospital, San Francisco, Cal.

Major Percy G. White of Los Angeles to Camp Beauregard, La.

Capts. R. L. Byron and M. H. Ross of Los Angeles, Lieut. P. E. Dolan of Los Angeles to Camp Fremont, Cal.

Capt. J. Y. Oldham of Los Angeles and Lieut. J. M. Lacey of Los Angeles to Camp Kearney, Cal.

Capt. V. J. McCombs of Los Angeles to Fort Riley.

Lieut. J. Saylin of El Monte to Camp Meade, Md.

Major R. L. Byrnes of Los Angeles to New Haven, Conn.

Capt. F. E. Tulley of Los Angeles to report to the Commanding General, Western Division.

Capt. C. E. Ide of Los Angeles honorably discharged.

BOOK REVIEWS

MEDICAL RECORD VISITING LIST for 1919.

The 1919 edition of this well known standard Visiting List contains a vast amount of miscellaneous useful information, such as to make it a valuable pocket companion. The paper and workmanship are of the usual excellence. The price, for 30 patients $1.50; for 60 patients $1.75. We hope all our readers will be supplied with copies by their friends during the holidays.

GENITOURINARY DISEASES AND SYPHILIS. By HENRY H. MORTON, Clinical Professor of Genitourinary Diseases in the Long Island College Hospital, etc., etc. Fourth edition, revised and enlarged. With 330 illustrations and 36 full page colored plates. St. Louis: C. V. Mosby Company. 1918.

The very justly gratifying reception which former editions of this book have received at the hands of the profession has encouraged the author to rewrite the entire work and bring it up to date. In the face of the appalling calamity which has befallen the whole world, the peaceful paths of science have been perforce forsaken to such a degree that but few new discoveries or methods of value have been added to the armamentarium of the urologist, but certain plans of procedure have been perfected and made more available. Among these may be mentioned the application of the high frequency current to the treatment of benign tumors of the bladder, and the use of radiotherapy in carcinoma of the bladder and prostate. A clearer understanding of the importance of preliminary treatment before operating in cases of hypertrophied prostate, and a better knowledge of the details of the after-treatment have still further reduced the mortality of prostatectomy. The field of the diagnostic value of the X-rays has been extended through pyelography and their application to the study of visceral and nervous syphilis.

PROGRESSIVE MEDICINE. A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by HOBART AMORY HARE, M.D., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College, Philadelphia, assisted by LEIGHTON F. APPLETON, Instructor in Therapeutics, Jefferson Medical College, Philadelphia. September 1, 1918. Published by Lea and Febiger, Philadelphia and New York. Six dollars per annum.

According to G. W. Holmes, the diagnostic value of the X-rays in phthisis is about equal to that of the so-called physical signs when either of them are taken separately apart from any other evidence. Both fluoroscopy and radiography have their uses and their limitations. The former is cheaper, easier and quicker, and the image is that of the living, moving organs not obtainable from the photographic plate. Its disadvantages are the inability to study the detailed structure of the lungs, and that it does not give a permanent record. The radiographic record is accurate and permanent and shows any variation from the normal density. It is best to make a fluoroscopic study and also stereoscopic plates. We regret that our space does not permit a more extended notice of the digest of excellent papers on diseases of the chest, dermatology and syphilis, obstetrics, and diseases of the nervous system, presented in this volume.

WAR SURGERY OF THE ABDOMEN. By CUTHBERT WALLACE, C.M.G., F.R.C.S. Eng., M.B., B.S. Lond., Surgeon St. Thomas' Hospital; Lecturer on Surgery in the Medical School; Consulting Surgeon British Armies in France. With 26 illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1918. $3.00 net.

This book contains the experiences in abdominal surgery of a sector of the battle line over a period of thirty months. It is founded on the practice of many surgeons, working under different conditions and in different hospitals. The personal equations and influence of locality have thus been

largely eliminated. It may be asked if there is really such a thing as war surgery as distinct from civil surgery. Fundamentally there is not so much difference as might be thought. What difference there is lies in the anatomical nature of the injuries, such injuries being influenced in a certain proportion of the cases by the high speed of the projectile and by the carrying into the wound of infective material. It is a question as to whether war conditions allow the surgeon to apply the principles that he knows to be right. No man shot in the belly would be left to lie in bed in the civil hospital of a great town. The expectant treatment was only adopted because the surgeon could not operate under favorable conditions. This volume is a masterly argument in favor of the use of the X-rays in the diagnosis of intraperitoneal damage, and the rational operative surgical treatment of war injuries of the abdomen.

MORTALITY STATISTICS: 1916.

Deaths and Crude Death Rates.

MORTALITY STATISTICS, 1916. Seventeenth annual report. Department of Commerce, Bureau of the Census. Sam. L. Rogers Director. Washington: Government Printing Office. 1918.

The total number of deaths returned from the registration area of the United States and tabulated for the calendar year 1916 was 1,001,921. The death rate was 14 per 1000 population, based on an estimated midyear population for the area of 71,621,632, or 70.2 per cent of the total estimated population of the United States. This rate exceeds the rates for 1914 (13.6) and 1915 (13.5), but is slightly lower than that for 1913 (14.1).

The following table shows the growth of the registration area in both population and land area from 1880 to 1916, inclusive:

CALENDAR YEAR.	POPULATION AND LAND AREA OF THE UNITED STATES.		REGISTRATION AREA FOR DEATHS.			
			Population.		Land area.	
	Population.	Land area (square miles).	Number.	Per cent of total.	Square miles.	Per cent of total.
1916	102,017,312	[1] 2,973,890	71,621,632	70.2	1,307,819	44.0
1915	100,399,318	[1] 2,973,890	67,336,992	67.1	1,228,704	41.3
1914	98,781,324	[1] 2,973,890	65,989,295	66.8	1,228,644	41.3
1913	97,163,330	[1] 2,973,890	63,298,718	65.1	1,147,039	38.6
1912	95,545,336	[1] 2,973,890	60,427,247	63.2	1,106,777	37.2
1911	93,927,342	[1] 2,973,890	59,275,977	63.1	1,106,734	37.2
1910	92,309,348	[1] 2,973,890	53,943,896	58.3	997,978	33.6
1909	90,691,354	2,974,159	50,870,518	56.1	765,738	25.7
1908	89,073,360	2,974,159	46,789,913	52.5	725,117	24.4
1907	87,455,366	2,974,159	43,016,990	49.2	603,151	20.3
1906	85,837,372	2,974,159	41,983,419	48.9	603,066	20.3
1905	84,219,378	2,974,159	34,052,201	40.4	212,744	7.2
1904	82,601,384	2,974,159	33,345,163	40.4	212,744	7.2
1903	80,983,390	2,974,159	32,701,083	40.4	212,762	7.2
1902	79,365,396	2,974,159	32,029,815	40.4	212,762	7.2
1901	77,747,402	2,974,159	31,370,952	40.3	212,770	7.2
1900	75,994,575	2,974,159	30,765,618	40.5	212,621	7.1
1900 [2]			28,807,269	37.9	176,878	5.9
1890 [2]	62,622,250	2,973,965	19,659,440	31.4	90,695	3.0
1880 [2]	50,155,783	2,973,965	8,538,366	17.0	16,481	0.6

[1] Net reduction of 269 square miles as compared with area stated by census of 1900, due to drainage of lakes and swamps in Illinois and Indiana, building of the Roosevelt and Laguna Reservoirs, and overflow of the Colorado River into the Salton Sea in California.

[2] Census year ending May 31.

The age distribution of decedents is shown in the following table:

AGE OF DECEDENT.	DEATHS FROM ALL CAUSES,[1] REGISTRATION AREA: 1916.					
	Number.			Distribution per 1,000.		
	Total.	Male.	Female.	Total.	Male.	Female.
All ages	1,001,921	547,809	454,112	1,000.0	1,000.0	1,000.0
Under 1 year	164,660	93,122	71,538	164.3	170.0	157.5
1 year	36,218	19,354	16,864	36.1	35.3	37.1
2 years	16,304	8,676	7,628	16.3	15.8	16.8
3 years	9,913	5,283	4,630	9.9	9.6	10.2
4 years	6,986	3,627	3,359	7.0	6.6	7.4
Under 5 years	234,081	130,062	104,019	233.6	237.4	229.1
5 to 9 years	20,635	11,132	9,503	20.6	20.3	20.9
10 to 14 years	14,008	7,503	6,505	14.0	13.7	14.3
15 to 19 years	23,342	11,894	11,448	23.3	21.7	25.2
20 to 24 years	35,357	18,375	16,982	35.3	33.5	37.4
25 to 29 years	38,148	20,573	17,575	38.1	37.6	38.7
30 to 34 years	39,257	22,036	17,221	39.2	40.2	37.9
35 to 39 years	44,171	25,553	18,618	44.1	46.6	41.0
40 to 44 years	45,121	26,349	18,772	45.0	48.1	41.3
45 to 49 years	48,848	28,954	19,894	48.8	52.9	43.8
50 to 54 years	53,448	31,519	21,929	53.3	57.5	48.3
55 to 59 years	58,629	34,126	24,503	58.5	62.3	54.0
60 to 64 years	62,779	35,483	27,296	62.7	64.8	60.1
65 to 69 years	68,141	37,179	30,962	68.0	67.9	68.2
70 to 74 years	70,306	37,012	33,294	70.2	67.6	73.3
75 to 79 years	62,597	31,675	30,922	62.5	57.8	68.1
80 to 84 years	45,769	21,709	24,060	45.7	39.6	53.0
85 to 89 years	24,488	11,056	13,432	24.4	20.2	29.6
90 to 94 years	8,637	3,592	5,045	8.6	6.6	11.1
95 to 99 years	2,205	894	1,311	2.2	1.6	2.9
100 years and over	649	253	396	0.6	0.5	0.9
Unknown	1,305	880	425	1.3	1.6	0.9

[1] Exclusive of stillbirths.

MISCELLANEOUS

RAILROADS ARE ASKED TO CEASE RIVER POLLUTION.

Chairman Edward Hatch, Jr., Requests Director-General McAdoo to Equip Rolling Stock with Suitable Sanitary Appliances to Ensure Cleanliness and Protect Health.

The Merchants' Association has long been interested in protecting water supplies and water courses adjacent to railroad rights of way from contamination, and it has urged the installation of suitable sanitary devices.

Agitated by Sanitary Committee.

The matter has been agitated by the Association through the Committee on Pollution and Sewerage, of which Mr. Edward Hatch, Jr., is chairman.

The need for carrying out the plan advocated by the Association has been generally admitted. The plan has been endorsed by many health officials, both State and Federal.

The matter was called to the attention of Director-General McAdoo in a letter written by Chairman Hatch and delivered to the Secretary in person by him in Washington last Thursday, reading as follows:

"We beg to ask your earnest and immediate consideration of a plan to provide the Pullman cars, passenger coaches, mail cars and railroad workmen's conveyances with sanitary devices to prevent the discharge of the contents of the toilets used on the trains upon the railroad thoroughfares of this country. The present method of flushing the toilets scatters the objectionable and

dangerous material from these necessary conveniences on and along the roadbed as the trains pass through cities, towns and villages, defiling the railroad stations and highway crossings.

Follow Water Courses.

"Usually the railroad lines follow the course of a river, crossing and recrossing the same stream many times, passing over intercepting water courses and over lakes and reservoirs. The majority of these bodies of water are used either for drinking water, domestic or agricultural purposes and the deposit of the material mentioned from the trains is a positive menace to health, especially if the origin of the pollution is from a 'typhoid carrier' or other infectious sources.

"The material that is not thrown directly into the water is washed therein by the rains. That which is thrown on the roadbed dries and is fanned into mechanical suspension by the motion of the train and enters the car windows, ventilators, dining cars and station dining rooms or nearby houses, scattering broadcast the infected particles, containing typhoid, tuberculosis and influenza bacteria. Particularly dangerous is the infection by this dust to the mail matter which is handled and assorted in the mail cars, making a convenient carriage of disease germs into the household and counting house through the delivery of the letters. Also, the bodies and clothing of the passengers are covered with dust and conveyed to the home.

Flies Spread Disease.

"The flies make their headquarters in or about these necessary conveniences, gathering the disease germs, which they disseminate at the various stations and vicinity when they leave the trains. The results of this unsanitary and unclean custom are evident to all.

"In 1912 a bill was introduced in the New York Legislature to compel railroads traversing the State of New York to provide for the protection of the public health by prohibiting the present form of water-closets on railroad trains. As most railroad vehicles are interstate carriers and the cars of all railroads may have a destination which would take them into States affected by the provision of the proposed law, it was deemed necessary to take legislative action by each individual State, and the cooperation of the respective Governors was sought with indifferent success, due probably to complications which might arise over the interstate features.

State Boundaries Wiped Out.

"Under your jurisdiction as Director-General of the Railroads of the United States, the interstate boundaries as related to railroads are practically obliterated, and we believe under Federal control this reform on behalf of the public health could be instituted with few complications and little annoyances.

"A large number of cars are now being built and the additional expense to equip such cars with a 'sealed closet' during construction would be nominal. The cars already completed could be altered from time to time, when under repair, to meet the provisions of your decree. In the meantime one car in a train of three cars, or that proportion for larger trains, could be equipped with the proposed device, pending the convenient installation of all the passenger-carrying equipment of the railroads.

Efficiency for the War.

"The Government must insist upon an advanced efficiency of man power at this particular time, and a standard of cleanliness maintained and the health of our people preserved if the accomplishments for which we are contending are to be realized. The benefits which would accrue from this important and far-reaching improvement in the interest of the general health and welfare are manifest."

SOUTHERN CALIFORNIA PRACTITIONER.

Vol. XXXIII. LOS ANGELES, NOVEMBER, 1918 No. 11

MASKS AND VACCINES IN INFLUENZA.

JOHN J. KYLE, M.D.F.A.C E., LOS ANGELES.

Masks are a menace when worn by the civilian population, military or naval class.

Weaver (American Medical Number 17) says: "Our experiments with various mechanical protections for the face were performed in a quiet room. It was assumed that the power of various experiments to filter the moist spray from air would increase with closeness of mesh and with the number of layers employed.

In the first test a spray of carbol-fuchsin was employed, the dye being susceptible of fairly accurate measurements. It was thrown by a hand atomizer. Briefly these tests showed that the percentage of fuchsin passing through the gauze became considerably less as the number of layers of the gauze became closer. Similar tests were made by moving a spray of Baccillus prodigiosus in salt solution against gauze and estimating the number of colonies developing on plates exposed on the opposite sides. The colonies became progressively less as the mesh of the gauze became finer. It is noted that at a distance of three to five feet from the spray the proportion of bacteria passing through the gauze was greater than greater or lesser distance.

This is a very good description of the fallacy of the public in wearing a mask. If bacilli can be sprayed through a mask at five feet with an ordinary atomizer, what is the use of officials of the community and cities ordering people to wear a mask?

The people of this country are fast coming to realize the absurdity of wearing a mask. Masks are for doctors and nurses in an operating room, and then they are of little use. They look good to the poor innocent patient and the nurses. Cleanliness is the only thing necessary to keep the "flu" away. In operating rubber gloves and sterile gowns are necessary and clean instruments sterilized by alcohol and not boiling, which ruins the instruments.

Since vaccines are so well known for their effectiveness why should we refrain from giving them as a prophylactic? In many cases the reaction is variable. It may have to be injected

a number of times and at a week's interval.

There are a great many doctors in our State who are posing as preparing vaccine and charging the patient from $5.00 to $25.00 for each injection. Now this is going some.

As to serum treatment (Editorial Jour. A.M.A., Oct. 26, 1918): The only noteworthy new method so far is the injection in severe cases of influenza pneumonia of the serum of patients who have recovered from pneumonia.

Influenza is a self-limited disease (Ibid) and it gets you going or coming regardless of vaccines or mask. At least two methods have a preventative effect. One consists in killing the "influenza bacilli," the (Ibid) other is the influenza vaccine. This should be given once a week.

SCIENTIFIC DISCOVERIES WHICH RELATE TO THE TREATMENT OF DISEASE AND THE PROMOTION OF HEALTH.

WILLIS W. CLARK, M.A., DEPARTMENT OF RESEARCH, WHITTIER STATE SCHOOL.

It is the purpose of this article to present a chronological list, with a brief explanatory text, of the scientific discoveries which have contributed to progress in the treatment of diseases and the promotion of health. It aims to present a hasty review of fairly recent discoveries in this general field without giving many details. Sometimes it is difficult to determine which of a series of improvements is most important, and often the exact date is not known. When two items are considered to be of equal importance, the earliest date is used; when the exact date is not known, the approximate date is given.

Ligating arteries. In 1545, **Paré**, a French surgeon, employed the method of ligating arteries in order to control hemorrhage—thus eliminating the old method of seering the bleeding part with a red-hot iron. The materials in most common use today for the purpose of ligating arteries are silk, cat gut and silkworm gut.

Massage and artificial eyes. In 1575 **Paré** introduced massage and artificial eyes.

Circulation of the blood. About 1616, **Harvey** discovered the circulation of the blood. **Servetus** had described the pulmonary circulation in 1540. Previous to the time of **Harvey** it was believed that the blood was constantly in motion, but the arteries were thought to contain air only. Before this discovery it seems that even the pulse rate was not known.

Blood corpuscles. About 1665, **Malpighi** discovered the cellular composition of the blood.

Transfusion of blood. In 1667, **Denys** first transfused blood in man.

Tourniquet. In 1674, **Morel** invented the tourniquet for checking hemorrhage.

Microscope. It is not known who devised the first microscope, but it was used in a way which had a direct medical value—the discovery and description of microorganisms—by **van Leewenhoek (1632-1723).** The **Janssen** brothers invented a compound microscope in 1590. In 1610, **Galileo** devised a microscope. **Lester** perfected an achromatic microscope in 1830. The use of the microscope has been of almost inestimable value in conducting recent investigations in biology and bacteriology.

Thermometer. In 1714, **Fahrenheit** constructed the 212 degree thermometer. Although the clinical thermometer was used in fevers during the eighteenth century, the establishment of this means of precision as a method of regular observation both in pathol-

ogy and in clinical medicine is owed to the work of **Wunderlich (1815-1877.)**

Percussion. In **1761, Auenbrugger** discovered the method of recognizing diseases of the chest by percussion. Mediate percussion was used by **Piorry** in 1828. Physical diagnosis by the use of auscultation, the listening to sounds produced in the chest by breathing, the movements of the heart, etc., was developed by **Laennec** in 1819. (See stethoscope.)

Porcelain teeth. Porcelain was proposed as a material for artificial teeth in **1728**; its manufacture for this purpose was begun in Paris in 1774-6 by a chemist, **Fauchard**, and a dentist, **Dubois.**

Hypnotism. In **1778, Mesmer** practiced hypnotic therapeutics in Paris. At present, hypnotism is frequently used by psychopathologists in the treatment of hysteria and other neuropsychoses to bring about a recall and consequent discharge of the forgotten complexes which are supposed to be responsible for the disorder.

Gold in teeth. It is believed that gold was the first metal used as a base for artificial teeth, and that **Gardette** was the first to use the gold base in the United States, about **1787.** It is claimed that the use of gold shell crowns was suggested by **Mouton** as early as 1746. Modern crown and bridge work is a modification of methods used by the ancients many centuries before the Christian era.

Vaccination. In **1796, Jenner** discovered the method of preventing smallpox by vaccination. This method superceded the practice of inoculation. To **Sacco** we owe the final adoption of animal virus in place of humanized virus.

Ovariotomy. In **1809, McDowell** of Kentucky was first to intentionally perform ovaritomy in the treatment of ovarian disease.

Lithotrity. Between **1817** and **1824,** the operation of lithotrity was introduced by **Civiale** for removing stones from the bladder by crushing the stones.

Auscultation and the stethoscope. In **1819, Laennec** devised a stethoscope for determining internal conditions by sound. This is a valuable diagnostic instrument. The binaural stethoscope was invented by **Canmann** in 1854; a later improvement is the phonendoscope by **Bianchi.**

Electricity. The discovery of induction currents by **Faraday** in **1831** led to the use of the medical battery. Innumerable electrical articles and appliances for body wear have been devised. Electricity is being used extensively for diagnostic and therapeutic purposes as well as for helpful mechanical appliances. Cataphoresis, the electrical method of forcing drugs into the tissues was first proposed by **Richardson** in 1857, but it has come into general use only recently.

Pepsin. In **1836, Schwann** discovered pepsin.

Bright's disease. Between **1836** and **1840, Bright** established the facts concerning the functions and diseases of the kidneys—especially concerning what is known as Bright's disease.

Various soporific potions, narcotics, and intoxicants have been used as substitutes for anesthesia since remote times. The principal anaesthetics are given below.

Nitrous oxide. In **1800, Davy** suggested the usefulness of nitrous oxide, or "laughing gas," as an anaesthetic. **Wells** demonstrated that it may be employed in the painless extraction of teeth, in 1844. It is now practically the only general anaesthetic employed by dentists.

Ether. Ether, as a chemical product, has been known for several centuries; as early as **1818, Faraday** pointed out the similarity between the effects of ether and nitrous oxide gas. **Morton,**

of Boston, in 1846 applied ether as an anaesthetic. Later in the same year **Liston** amputated a thigh while the patient was under the influence of ether.

Chloroform. Chloroform was discovered by **Guthrie** in 1831, and was first applied as an anaesthetic by **Simpson** in 1847. Since 1848, chloroform has been the principal general anaesthetic in use in Europe, while ether seems to be preferred in America, except for children and parturient women.

Cocaine. In 1884, **Koller** employed cocaine in eye surgery. It has the peculiar and useful power of being able to paralyze the sensory nerves alone. Cocaine is the only local anaesthetic which is used to any extent.

Fillings for teeth. Sponge or crystal gold was introduced in 1846, and improved in 1853 by **Watt**, of New York. In 1855, **Arthur** recommended the use of cohesive gold for filling teeth, and this variety is more used than any other at present.

Artificial limbs. Peg-legs and armhooks have been used for a long time. The first United States patent for an artificial leg was granted **Palmer** in 1846. Up to 1900, about 300 patents had been granted for artificial legs and arms. Innumerable articles have been devised to supplement various defects of the body, such as artificial eyes, artificial ear drums, foot extensions, crutches, braces, etc.

Laryngoscope. This is an instrument, first constructed by **Avery** in 1846, used to obtain a view of the larynx.

Opthalmoscope. This is an instrument for inspecting the interior of the eye. It was devised by **Helmholtz** in 1851. The opthalmometer is a recent invention to ascertain variations in corneal curvature for the correction of corneal astigmatism.

Sphygmograph. This is a small instrument to be strapped to the wrist to record the action of the pulse; it was first reduced to a practical and useful form by **Marey** in 1860. A later development by **Verdin** is known as the sphygmometrograph.

During this same general period innumerable surgical and medical instruments have been invented. A few of them may be mentioned—cupping and trepanning instruments, speculums, hypodermic syringes, fracture appliances, atomizers, breast pumps, inhalers, nasal douches, trusses, abdominal supporters, etc.

Rubber dental plate. In 1864, **Cummings** invented a rubber plate for holding porcelain teeth.

Although **Plency**, in 1762, declared that all infectious diseases were caused by microorganisms, and **Schönlein**, in 1839, discovered that favus, a contagious disease of the head, is produced by the growth in the hair of a parasitic fungus, **Pasteur** is considered the father of the "germ theory" of disease. Important discoveries in bacteriology and the transmission of disease follow.

Germ theory and fermentation. In 1865, **Pasteur** discovered that the silkworm plague was due to parasites, and checked its ravages. He gave much attention to fermentation, proving that this is caused by microorganisms. He demonstrated that the processes of putrefaction and fermentation set up by the air are invariably produced by germs.

Anthrax. In 1877, **Pasteur** discovered the bacillus of anthrax (splenic fever.) This is the first disease traced to bacterial generation.

Traumatic infections. In 1878, **Koch** discovered the causes of traumatic infections.

Gonorrhoea. In 1879, **Neisser** discovered the germ of gonococcus, which is the cause of gonorrhoea.

Streptococcus and staphylococcus. In 1880, **Pasteur** isolated streptococcus and staphylococcus.

Malaria. In 1880, **Laveran** discov-

ered the parasite of malaria. Later he proved that malaria is propagated by a certain variety of mosquito, which acts as the intermediate host of the parasite.

Hydrophobia. In 1881, **Pasteur** began to treat those endangered by hydrophobia by protective inoculation. By gradually strengthening the concentration of the virus during 21 days, the inoculated person may be made practically immune.

Tuberculosis. In 1882, **Koch** discovered the tubercle bacillus.

Diphtheria. In 1883, **Klebs** discovered the diphtheria bacillus. The toxin was isolated by **Roux, Yersin, Bruger, Fraenkel**, and others. The antitoxin was discovered by **Behring** in 1890.

Cholera. In 1884, **Koch** discovered the cholera bacillus.

Tetanus. In 1884, **Nicolaier** discovered the tetanus bacillus.

Bacillus coli. In 1886, **Escherich** discovered the bacillus coli.

Malta fever. In 1887, **Bruce** discovered the bacillus of Malta fever.

Meningitis. In 1887, **Weichselbaum** discovered the meningococcus.

Antitoxins. In 1889, **Behring** discovered antitoxins.

Tuberculin. In 1891, **Koch** prepared tuberculin, which is a valuable therapeutic aid. It is reliable as a diagnostic agent for both humans and cattle, and is largely used to guard against the consumption of infected milk and meat.

Paracolon and paratyphoid. In 1893, **Gilbert** discovered paracolon and paratyphoid bacilli.

Plague. In 1894, **Kitasato** and **Yersin** discovered plague bacillus.

Bacteriolysis. In 1895, **Pfeiffer** discovered bacteriolysis.

Dysentery. In 1897, **Shiga** discovered dysentery bacillus.

Yellow fever In 1899, **Reed** and **Carroll** established that yellow fever is transmitted by mosquitoes.

Sleeping sickness. In 1901, **Dutton** and **Ford** discovered the parasite of sleeping sickness. In 1903, **Bruce** showed that sleeping sickness is transmitted by the tsetse fly. The disease is caused by a blood parasite which is carried by two varieties of the tsetse fly, the second of which was discovered in 1908.

Erepsin. In 1901, **Cohnheim** discovered erepsin.

Adrenalin. In 1901, **Takamine** isolated adrenalin.

Syphilis. In 1905, **Schaudinn** discovered the parasite of syphilis.

Whooping cough. In 1905, **Bordet** and **Gengou** discovered the bacillus of whooping cough.

In 1867-8, **Lister** applied the discoveries of **Pasteur** to surgery and formulated his theory concerning sepsis and antisepsis. Today, every surgeon in the civilized world sterilizes his instruments and conducts the treatment of wounds and all operations by antiseptic methods. The important discoveries in antiseptic methods follow:

Carbolic acid. Carbolic acid was discovered in 1834 by **Runge.** In 1860, **Lemaire** pointed out its antiseptic properties.

Iodine. In 1880, **Moorhof** introduced the use of iodine in surgery.

Steam sterilization. In 1886, **Von Bergmann** introduced steam sterilization in surgery.

Hypochlorite solution. A hypochlorite solution is now being used particularly in deeply infected and suppurative cases caused by wounds on the battlefield. It was discovered in 1914 by **Dakin** and **Carrel**

The principal chemical antiseptics in use are carbolic acid, bichloride of mercury, peroxide of hydrogen, formaldehyde, free chlorine, iodine, potassium permanganate, iodoform, boric acid, etc. Instruments are rendered aseptic by boiling in water, by dry heat, and by washing with chemical antiseptics.

Dressings are made aseptic by dry heat or by steam at ordinary atmospheres or under pressure.

Bandages. In 1869, **Esmarch** introduced his first aid bandage. In 1873 he introduced the hemostatic bandage.

X-ray. In 1895, **Roentgen** discovered a new kind of light ray. By the use of the X-ray apparatus, any foreign substance of greater density than flesh may be definitely located in the body, or any fractures of bones disclosed. This instrument is also of practical use in dentistry in detecting unerupted or impacted teeth, abnormal growths on or about the teeth, imperfect root-canal fillings, resorption of roots, fractures of the jaw, or the presence of foreign bodies in the alveoli of the teeth.

Sewage. In 1896, **Dibdin** and **Schweder** introduced biological purification of sewage.

Radium. In 1898, **Curie** discovered radium.

Photography. Photography has become especially valuable in medicine in connection with the microscope and X-ray, and through the use of motion pictures. Photography was made possible by the observations of **Scheele,** in 1777, upon the decomposing influence of light upon the salts of silver. The daguerreotype process was developed by **Niepce** and **Daguerre** in 1839. The first positive proofs to be taken from negatives were made by **Talbot** between 1834 and 1839. There have been innumerable developments in perfecting lens, shutters, and the various processes of photography, in recent years.

Syphilis. In 1905, the specific microorganism of syphilis, the Spirochaeta pallida, was discovered by **Schaudinn** and **Hoffmann.** In 1907, **Wassermann** introduced the sero-diagnosis of syphilis. This test, known as the Wassermann reaction, was modified by **Noguchi** in 1909. In the same year, **Ehrlich** discovered salvarsan (Ehrlich, 606) and later, neosalvarsan (Ehrlich, 914), both arsenic compounds which are being used in the treatment of syphilis.

It is only when we take a general view of the whole field that we are able to appreciate the remarkable advance made in recent years in the treatment of disease and the promotion of health. Many improvements such as safety and sanitary devices in industry, biological chemistry, classification of diseases, and increased knowledge concerning therapeutic treatment, have combined to aid the general movement. Finally, as Dr. Fielding H. Garrison has said, "The most noticeable thing about recent medicine . . . is the fact that nearly every important advance that has been made is prophylactic, that is, comes within the scope of preventing the occurrence, the recurrence, or the spread of disease."

References.

1. Billings, John S.: American Inventions and Discoveries in Medicine, Surgery and Practical Sanitation. Smithsonian Institute, Annual Report, 1892.
2. Buck, Albert H.: The Growth of Medicine from the Earliest Times to about 1800. 1917.
3. Byrn, Edward M.: The Progress of Inventions in the Nineteenth Century. 1900.
4. Garrison, Fielding H.: An Introduction to the History of Medicine. 1914.
5. Lee, Roger I.: Health and Disease: their determining factors. 1917.
6. Neuburger, Max: History of Medicine. Vol. I, 1910.
7. Various Texts illustrating the History of Medicine.
8. Various Encyclopedias and Dictionaries.

Capt. H. A. Barclay of San Diego is now located at Camp Beauregard, La.

SOUTHERN CALIFORNIA PRACTITIONER.

A MEDICAL, CLIMATOLOGICAL AND SOCIOLOGICAL MONTHLY MAGAZINE.

This journal endeavors to mirror the progress of the profession of California and Arizona.

Established in 1886 by Walter Lindley, M.D., LL.D.

DR. GEORGE E. MALSBARY, Editor and Publisher.

Associate Editors,

Dr. Walter Lindley, Dr. W. W. Watkins, Dr. Ross Moore, Dr. George L. Cole, Dr. Cecil E. Reynolds, Dr. William A. Edwards, Dr. Andrew W. Morton, Dr. H. D'Arcy Power, Dr. B. J. O'Neill, Dr. C. G. Stivers, Dr. Olga McNeile, Dr. W. H. Dudley, Dr. J. M. Mathews.

Address all communications and manuscripts to EDITOR SOUTHERN CALIFORNIA PRACTITIONER,

Subscription Price, per annum, $2.00. 1414 South Hope Street, Los Angeles, Cal.

EDITORIAL

HOPE FOR SOME EPILEPTICS.

An illustrated paper by Dr. Cecil Reynolds, on the surgical treatment of those forms of epilepsy which he attributes to chronic Polio-encephalitis on account of their Jacksonian character without history of trauma, their antecedent febrile history, and the presence of localized subarachnoid oedema found constantly at operation, appears in the current number of the International Clinics. By means of a technique evolved by trials on cases that had progressed to hopeless idiocy, he succeeded in effecting a complete cure in two more favorable cases. The last case had suffered from fits for two and a half years, averaging ten to twenty fits per day for the four months prior to operation. After the third post-operative day she has remained completely free from fits for over a year, regained her speech which was absent, recovered entirely from the hemiplegia which was present before operation, and shows a normal degree of moral responsibility.

A reference to the latest edition of Krause (Surgical Operations Rebman Co., 1917) reveals a similar technique though differing in several essentials, performed in one case, viz.: that of a fifteen-year-old boy suffering only two or three fits a month. After operation by Krause he remained well for at least six months, after which time he was lost sight of. Krause remarks that in the surgical treatment of "idiopathic" (save the mark) "epilepsy an assured point of support is lacking; we can only feel our way gropingly. It is to be hoped that we will soon possess clearcut indication for operative interference in this disease."

Reynolds also produces evidence that the dural flap which he cuts in the opposite direction to that of Krause, regenerates when left wide open even though shrunken. The paper emphasizes the important fact that epilepsy is a symptom and not a disease, each case requiring exhaustive methods of diagnosis and to be treated on its own merits.

"CHEMICALLY CURED MAMMARY CANCER."

Under above title we quoted editorially in the October Practitioner from a paper by Dr. Strobell.

In the discussion of this paper—as reported in the Medical Record—Dr. George H. Semken said that if we were asked to go back into past centuries for our treatment of cancer it might be wise to go back also in the field of philosophy and take a favorite dictum of René Descartes, namely, that one should accept all propositions with doubt. In the present matter for discussion this applied with peculiar force. Dr. Strobell's treatment consisted in the destruction of the integument with sticks of potassium hydrate, followed by the application to the denuded tissues of a mixture of zinc chloride, sanguinaria, and charcoal. Potassium hydrate, in the form of Vienna paste, had been used to destroy the skin for one hundred years. Zinc chloride had been used in the treatment of cancer since the thirteenth century. Sanguinaria had long been a favorite treatment for cancer among the North American Indians, and charcoal had been in use as a deodorant of necrotic surfaces since the time of Hippocrates. The whole combination—Vienna paste, zinc chloride, sanguinaria, and charcoal—was used by Fell many years ago, so Dr. Strobell's chemical operation was neither new nor original. It was well known that there was a great difference in the malignancy of breast cancers, and most of the cases that Dr. Strobell had described were apparently of the less malignant type that tended to remain localized for long periods and to recur late. In these a limited surgical operation or extensive local destruction might suffice for a long time, even perhaps effect a cure in a few instances. Another factor that must be borne in mind, in judging cancer treatments, was the occasional recurrence of latency—the cancerous process remaining apparently stationary even for years. In one case of this type, a recurrence involving the chest wall, the speaker removed the tumor, together with parts of the adjacent ribs and the intercostal muscles down to the pleura. The microscopic examination of the specimen showed cancer in the lowest level of the tissue removed, and it was evident that the cancer had invaded the pleura. The physical signs of an intrathoracic tumor appeared within the following six months, but the process then apparently became quiescent and remained so for about nine years, when it again became very active and extensive, and caused the patient's death within a few months. This latency could not be explained. The occurrence of the phenomenon, however, was not rare. None of the cases described by Dr. Strobell had been observed for the time necessary to a determination of his results. Dr. Strobell had stated that cancerous cervical and axillary glands, a lung metastasis, and rib metastases, supposedly present in some of his cases, disappeared after the chemical destruction of the breast tumor and of the lower axillary glands. It was a matter of knowledge to all students of cancer that when cancer obtained a foothold in any tissue it would continue to grow and develop unless destroyed by some external agency, and the exceptions to this rule were rare. This zinc chloride chemical operation was purely local in its destructive effect, and it was inconceivable that any purely local destructive agency, applied to the primary tumor and the lowest axillary glands alone, could cause the disappearance of cancer in the remaining axillary lymph nodes, or the cervical lymphatics, or the lungs, or the ribs, as had been claimed in Dr. Strobell's paper. All enlarged lymph nodes in the axilla or the neck in cases of cancer of the

breast were by no means cancerous nodes. Microscopic examination of such nodes had repeatedly demonstrated chronic inflammatory hyperplasia alone in many cases, particularly where there had been an associated erosion of the surface of the breast tumor. Dr. Strobell's last case, in which enlarged axillary and cervical lymph nodes disappeared after the destruction of the breast tumor, showed such an erosion of the primary tumor; and the subsequent behavior of these glands demonstrated rather the purely inflammatory character of the involvement. The radical surgical operation, done at an early time, was and probably would remain our main hope in the treatment of cancer. In these breast cases much could be learned from a study of the recurrences, and especial care could then be given, in the primary operation, to the regions that seemed to be the most frequent sites of recurrence. These were the skin and subcutaneous tissue about the growth, the lymphatic glands about the coraco-acromial vessels, the subscapular packet of glands, and the lymphatic glands situated immediately under the axillary skin. The radical breast operation was not a matter of forty-five or fifty minutes, but of a few hours; and since the primary operation was the patient's one chance for cure, time should never be allowed to weigh against painstaking thoroughness. With the extended radical technique excellent results had been obtained, and even in many advanced cases, that ultimately succumbed to visceral metastases, local recurrence had not occurred. The zinc chloride operation, so called, did not allow selective dissection and could not be considered a surgical procedure. If it had any place in the treatment of breast cancers, it was in those advanced cases where the removal of the tumor by operation was impracticable or would be attended by considerable loss of blood, and also in those cases in which the patient's low vitality would contraindicate any severe operation. If the cancerous process involved the soft parts alone, the zinc chloride destruction might remove the growth, but it could not be effective if the tumor had eroded the underlying ribs, as was so often the case with recurrences. It seemed evident, therefore, that the potassium hydrate-zinc chloride procedure should be limited to a very few cases; and even in these it was not clear that the method possessed any advantages over the actual cautery.

PROSTITUTION IN THE CANAL ZONE.

By Major Arthur T. McCormack, M.R.C., U.S.A., Chief Health Officer.

The problem of greatest concern has been that presented by venereal diseases. For some years past this matter has been the subject of conferences between this office and the military forces on the zone and the government of the Republic of Panama. The fact that the cities of Panama and Colon are within the exclusive sanitary jurisdiction of the United States and the police jurisdiction of Panama seriously complicated the matter. The alarming increase of these diseases among our soldiers and the utter neglect of the matter by the Panaman authorities forced the general commanding the department to issue a general order, which, in effect, was a quarantine against the terminal cities on account of venereal diseases, the widespread illicit sale of habit-forming drugs and alcohol abuse, and an incidental protest against the graft and incompetence that always accompanies these evils. Realizing that (1) land quarantines against disease are temporarily effective, but gradually are evaded so as to defeat their purpose, (2) the undesirability of an indefinite quarantine

along an international boundary line between us and a friendly power, and (3) that the cities of Panama and Colon can have no other health authority than his office, the chief health officer secured the acceptance by the Republic of Panama of a plan for the solution of the problem which retains their police supervision and our sanitary responsibility.

In Panama and Colon segregated districts have existed almost since American occupation of the Zone. More prostitutes are found outside of these districts then in them. Concubinage is as universal as in many other Latin peoples. Illicit intercourse is not hidden with the mock modesty characteristic of the English speaking races, but frankly accepted as a necessity and is considered neither an evil nor sin by anybody.

Although prostitution is forbidden in the Canal Zone, prostitutes are reported, and employees contracting venereal diseases are heavily penalized as fault cases, they have alternated with tuberculosis as the most common cause of hospital admission since malaria has been under control. Laboratory examinations, made at random, extending over several years, indicate syphilitic infection in a third of the population of the two cities.

In the States legislation is frequently ahead of public opinion. It is then a dead letter until the people have been educated to it. In Panama sanitary regulations are at once enforced. If Gen. Gorgas had waited for an educated public opinion to support him here, death would still be "lurking in every breeze."

The plan to be operated, it is to be constantly remembered, in a smaller foreign, friendly country, consequently with its approval, differs from that in the States and in the Canal Zone, in that it frankly recognizes the existence and evil of prostitution, seeks to minimize these as long as they exist, will surely, though gradually, eradicate venereal disease, and will by its rigid enforcement and resulting increased knowledge, awaken a public conscience that will exact higher social standards so that the higher one we have set for our own people may seem desirable to these allies and friends of ours.

The public men of Panama are educated, traveled, and have a practical knowledge of our history and laws. They are familiar with our management of this matter in Manila. They refer to the situation in Honolulu. One of the foremost statesmen, at the first conference on the subject, suggested that the ordinances of any American city selected by us be adopted by them, and then enforced just as we enforce them, their courts and ours being similarly ineffective in handling such matters with a view to the suppression of evil.

A Pecksniffian assumption of virtues which do not exist helps us to secure our aims at home, because it has always been a custom among Anglo-Saxons. It would only make us contemptible here. These people know that 90 per cent of the patrons of the prostitutes of Panama and Colon have been American soldiers, sailors, and civilians.

We would have difficulty making them believe their lewd women are worse than our lewd men. Rigid enforcement of General Order No. 20 has kept our uniformed forces out of the cities. Its sympathetic support by the civil population of the Zone has kept away most of the other patrons of these women. The result is that this once thriving industry, recognized by law, and second only in numbers employed to the rum industry, upon which it is largely dependent, is rapidly being ruined. Without American male pros-

titutes, there is no paying demand for Panamanian female ones.

This decree is to become effective July 15. Every woman in the segregated districts, already decimated by General Order No. 20, and the clandestines, will be examined. All those infected will be treated in the Santo Tomas Hospital at the expense of the Republic of Panama. Every man, applying for admission to the segregated district is examined by a physician, and, if diseased, required to submit to treatment in or out of the hospital, at the discretion of the health officer. Ten per cent of the men so far examined have been found infected and are now being treated, the indigent at public expense.

It will be noted that under this decree: (1) Any house owner renting to prostitutes is fined by the health officer, thus putting the burden of law enforcement on the house owners so that all clandestines must come to the restricted district, whence we send them to the hospital as often as reinfected; (2) no one but qualified physicians can treat venereal diseases. Druggists are forbidden to have in their possession patent medicines or other remedies for them, except such as are prescribed by physicians; (3) physicians are required to report all cases treated by them as in the plan approved in the States.

There are three ways of handling this matter:

First—Request the abrogation of this decree and the issuance of a police decree enforceable in the courts of Panama making all vice criminal. Such a decree would be even more negligible as a factor in disease prevention here than in the States.

Second—To carry on as at present, increasing the personnel of the health department, so this new activity will not endanger its routine work. This would require 12 medical officers, 4 of whom should be trained gynecologists or genito-urinary surgeons, and half or two-thirds of whom might well be experienced women physicians. Maintenance of patients would continue at the expense of Panama. Three additional sanitary inspectors are needed. About $2,000 a month should be paid to Santo Tomas Hospital to help meet the expense of additional nurses and orderlies. An expert supervisor of a reform farm and an assistant should be furnished by the United States. This program would cost between $50,000 and $75,000 a year, and would rapidly reduce venereal diseases.

Third—To increase the personnel of the health department of the two cities so the decree may be enforced spasmodically and as opportunity offers, as in the States, in the meanwhile educating the public and hastening as far as possible the elimination of these diseases by the public themselves. The actual expenditure of money by the health department under such a plan would be about $3,000 a month, but it will take a hundred years and tens of thousands times the money to accomplish the results that can be secured here within less than as many months.

The last alternative, and under existing conditions the only one we can adopt unless we can secure additional officers and money from Washington within 60 days, is to notify the government of Panama that on account of lack of personnel and funds the chief health officer is unable to enforce the decree, issued at our request, after a year of conferences between our sanitary and military authorities and theirs, and that its execution be delayed, in the meantime keeping Americans out of the cities at night; to release the several hundred infected male and female prostitutes now in the hospitals under treatment, and permit them to resume the propagation of disease and allow these two cities "where every prospect pleases, and only man is

vile,'' to remain as they now are, plague spots, centers of vice and its resulting diseases, remaining degenerate themselves in that lethargic but contented state we designate as ''tropical morals'' until we or they can furnish the money and the men necessary to so great an undertaking.—(Report Health Department Panama Canal, 1918.)

EDITORIAL NOTES

Dr. E. J. Tillmanns is health officer of Calexico.

Dr. H. W. Lyons has opened offices in Calipatria, Cal.

R. C. Smart of Coronado has been ordered to Camp Pike, Ark.

Dr. W. Hume Roberts of Pasadena is now Major at Camp Lewis.

Lieut. A. O. Holmes of Redlands is stationed at Ft. Oglethorpe, Ga.

Lieut. W. B. Hill of Long Beach is on duty at Leon Springs, Texas.

Capt. Fred C. Shurtleff of Los Angeles is now at Camp Crane, Pa.

Capt. W. H. Bennett of Los Angeles is stationed at Camp Travis, Texas.

Lieut. D. E. Shea of Los Angeles has been stationed at Camp Meade, Md.

Major C. G. Toland of Los Angeles has been stationed at Camp Crane, Pa.

Capt. O. F. Konantz of Los Angeles is now located at Fort Sam Houston Texas.

Lieut. F. W. H. Taylor of San Diego is stationed at Rockwell Field, San Diego.

Lieut. W. A. Reed of Covina has been stationed at Fort Benjamin Harrison, Ind.

Dr. L. C. House of El Centro has been chosen as County Health Officer of Imperial.

Capt. G. H. Brash of Los Angeles is stationed at the Base Hospital, Camp Custer, Mich.

Lieut. C. E. Early of Los Angeles has been stationed at Fort Leavenworth, Kansas.

Capts. R. C. Dundas and J. A. Garland of Los Angeles are both at Fort Oglethorpe, Ga.

Lieut. T. C. Schneres of Los Angeles is doing service at the Base Hospital, Camp Dodge, Iowa.

Capt. J. B. Woodworth of Redlands has been ordered to the Base Hospital at Camp Custer, Mich.

Capts. R. R. Ray and Earl B. Sweet of Los Angeles are on duty at the Base Hospital, Camp Pike, Ark.

Dr. Silas A. Austin of Los Angeles, age 75, was on October 24th married to Naomi N. Brown, age 38.

Dr. E. J. Crabtree, Police Surgeon of San Diego, has entered the army and is stationed at Camp Kearny.

Capt. R. L. Byron of Los Angeles and Lieut. A. J. Holeton of San Diego are also located at Camp Crane.

Lieut. F. C. Bishop of Los Angeles is now at the Letterman General Hospital, San Francisco, for instruction.

Dr. Lulu Hunt Peters is the author of a book just out entitled ''Diet and Health'' with a key to the Calories.

Dr. R. O. Shelton of San Diego has recently received his commission as Captain and is stationed at Fort Riley, Kansas.

Capt. O. O. Young of Garden Grove has been sent to Vancouver Barracks,

Washington, to examine the troops for tuberculosis.

Dr. Vance Clymer of El Centro recently received his commission as Lieutenant and is now stationed at Van couver, Wash.

Dr. Maurice M. Armstrong of Los Angeles, after receiving his commission as Captain, went to Camp Lewis, where he is now stationed.

Dr. P. R. McArthur and Dr. Michael Creamer both had serious attacks of influenza, but have, we are glad to say, fully recovered.

Dr. Williamson, a San Diego oculist, died in Los Angeles Oct. 19th of pneumonia. Dr. Williamson was a graduate of McGill University.

Dr. William J. Cook of Long Beach, age 49, died of pneumonia October 26th. Dr. Cook had been very active in combatting the epidemic.

Dr. Earl B. Sweet of Los Angeles has received his commission as Captain and been ordered to the Base Hospital, Camp Pike, Little Rock, Ark.

"The Relationship of Pulmonary Tuberculosis to the Vegetative Nervous System" is the title of a recent reprint by Dr. Francis M. Pottenger.

They have been trying mixing straw with flour and other substitutes in making bread in Germany, but it has been proven to do more harm than good.

Dr. R. K. McGuffin of Imperial, for two years head of the County Health Department of Imperial, died Sunday, October 20th, of pneumonia following influenza.

Capt. W. R. McNair of Los Angeles and Capts. E. H. Thompson of Burbank and W. W. McKenzie of Los Angeles are all at the Base Hospital, Camp Kearny.

Capt. E. H. Wiley, formerly police surgeon of the Receiving Hospital, Los Angeles, is recovering from an operation for appendicitis performed somewhere in France.

Dr. Charles O. Hansen of Pasadena, Captain in the Army Medical Corps, has been selected as Senior Captain to accompany the 40th Regiment Coast Artillery overseas.

Capt. E. E. Roberts of Sawtelle; Lieuts. P. K. McGriffin of Imperial; C. B. Nelson of Los Angeles; L. J. Waterman of Pasadena, are on duty at Camp Kearny.

Dr. Henry Snure, an X-Ray expert, with offices in the Physicians' and Surgeons' building. 1501 South Figueroa St., Los Angeles, has received his commission as Lieutenant.

Capt. J. H. Turner of Huntington Park and Capt. A. C. Thorpe of Los Angeles, and Capt. C. G. Hilliard of Redlands are all stationed at the Base Hospital, Camp Kearny, Cal.

Capt. D. P. Flagg of Los Angeles and Capt. C. L. Lowman of Los Angeles are stationed at Camp Fremont, Cal; also Capt. A. B. McConnell of Fresno is stationed at Camp Fremont.

Dr. S. J. Mattison of Pasadena, who is an officer of Base Unit Hospital No. 35, writes that in both England and France they, with other American soldiers, received a most hearty welcome.

Capt. J. E. Hill of Azusa and Lieut. N. A. Leake of Gardena; Lieuts. T. H. Trinworth of Los Angeles and Capt. R. W. Hartwell of Santa Barbara have all been stationed at Camp Lewis, Wash.

Dr. Nellie S. Hayes, age 42, a prominent woman physician, died of pneumonia at her home in Los Angeles on October 11th. She had been practicing medicine in Los Angeles for fifteen years.

Dr. Martha W. Wagstaff of 2673 Pasadena Ave., Los Angeles, died October

9th. Dr. Wagstaff was a faithful, reliable physician, modest and retiring in her manner, but thoroughly devoted to her profession.

Lieut. Clark D. Fanton, a Riverside physician, died from influenza in Camp Meade, Md. He is survived by a wife and little son. He was 30 years old and graduate of the State University, and a man most highly respected.

Southern California is rapidly losing its leading medical men. The last to go was Dr. E. J. Cook, the Los Angeles surgeon, who has received his commission as Captain and is now located at Camp Cody, Deming, New Mexico.

Dr. John J. O'Donnell, formerly of Santa Barbara and graduate of Harvard Medical College, died in Los Angeles of pneumonia Tuesday, October 15th. Dr. O'Donnell had charge of the practice of Capt. Bertnard Smith, who is in the service.

Dr. Harry D. Van Fleet, formerly student in the Medical Department of the University of Southern California and undergraduate resident in the California Hospital, is now interne in the Texas Baptist Memorial Sanitarium, Dallas, Texas.

Dr. David Robert Hancock, City Health Officer of Redondo Beach, died of pneumonia on October 13th. The doctor was 49 years old and had practiced medicine in Redondo Beach for twenty-five years and been Health Officer for twenty-four years.

Dr. Chesley Lightbourne Evans, age 28, died of pneumonia at the Good Samaritan Hospital on Friday, October 25th. Dr. Evans was associated professionally with Dr. Michael Creamer and was well known and highly respected by the Los Angeles medical fraternity.

Dr. A. T. McCormack, Chief Health Officer of the Panama Canal, reports that "large spinal and intravenous injections of Flexner's serum, frequently repeated, promptly relieved seven cases of cerebrospinal meningitis, all of which recovered without paralysis or other sequelae."

Dr. Rex Duncan has a very illuminating article entitled "Some Observations and Results in the Treatment of Four Hundred Cases with Radium." The report is encouraging and we are all glad that Dr. Duncan is devoting himself so assiduously to this special work.

Dr. J. M. Herley of San Bernardino, age 83, died at his home Sept. 26th. Dr. Herley had lived so long in San Bernardino and was such a quaint character that he had become one of the institutions of that city. He is survived by his son, Dr. J. R. Herley, Past Assistant Surgeon in the United States Army.

The following Southern California physicians have been assigned as below:

Capts. H. A. Huntoon, Lieuts. E. R. Harlon and L. F. Schullian, all of Los Angeles, have been stationed at Camp Fremont, Cal.

Capts. L. J. Roth of Los Angeles and W. E. Smith of Whittier; Lieuts. C. C. Waggoner of Los Angeles, J. B. Luckie of Pasadena, H. R. Beck of Los Angeles, and L. D. Riggs of San Diego, and Capt. W. F. Holman of Los Angeles have all been stationed at Camp Kearny, Cal.

Lieut. G. P. Laton of Los Angeles has been sent to Fort Oglethorpe, Ga.

Capts. W. T. Clarke of Los Angeles and D. A. Conrad of Santa Barbara to Letterman General Hospital, San Francisco, Cal.

Dr. Rea Smith of Los Angeles has been sent from Base Unit No. 3 to France, where he is doing surgery in a clearing-house station close to the front. After a few weeks there he will return to his unit and someone else of the surgical force will be sent.

Capt. C. D. Hubbard of Huntington Park is now stationed at the Base Hospital at Camp Fremont, Cal.

Capts. C. B. Dirks of Eagle Rock, J. S. Derrick of Los Angeles, Lieuts. C. E. Gage of Los Angeles, S. J. Fitch of Pasadena and E. N. Crabtree of San Diego are all at Camp Kearny, while Capt. K. R. Sleeper of Los Angeles and Lieut. E. O. Wallace of Pomona have been stationed at the Base Hospital, Camp Kearny.

Capt. J. A. Collie of Lamanda Park has been stationed at the Mendocino State Hospital, Mendocino, Cal.

Capt. W. R. Molony of Los Angeles has been ordered to San Francisco.

The Journal of the A. M. A. in its London Letter says:

Another American War Hospital in Great Britain.

The American Navy has taken over another hospital, which is established in the East Coast of Scotland. The American staff consists of twenty-two medical officers, sixty-three nurses, paymaster, clerical staff, orderlies and artisans. It was organized at Los Angeles by Dr. Rea Smith, surgeon, U. S. Navy, and the commanding officer is Dr. C. M. Devalin, U. S. Navy. The equipment has been brought from America. The hospital will receive not only Americans but also British patients from both the army and the navy.

The same Journal editorially says:

Naval Base Hospital in Scotland.

Naval Base Hospital No. 3, commanded by Capt. Charles M. De Valin, M. C., U. S. Navy, which was organized with personnel mostly from Los Angeles, is now located in Scotland, where it occupies a building formerly utilized by the Royal Army Hospital Service. It has accommodation for 625 patients with possibilities of expansion to accommodate 825, and will care for patients in the naval dressing, and the personnel of the British and American Expeditionary Forces.

The Los Angeles Times dated Oct. 20th says:

Lieut.-Col. Charles W. Decker, M.D., is now Division Surgeon of the Thirty-first Division of Gen. Pershing's forces in France, according to word received by his friends here. Decker was a captain under Pershing on the Mexican border and was active in the affairs of the California National Guard. He went to Camp Kearny as a Major and was made division sanitary inspector. Early in the year he was promoted to Lieutenant-Colonel and put in charge of the One Hundred and Fifteenth Sanitary Train. Later he was sent to Fort Oglethorpe as Division Surgeon. Lieut.-Col. Decker graduated from the University of Southern California and was interne at the California Hospital for a time. For many years he maintained offices in the Marsh-Strong Building. He was a prominent member of the Fraternal Brotherhood.

SOUTHERN CALIFORNIA PRACTITIONER.

Vol. XXXIII. LOS ANGELES, DECEMBER, 1918 No. 12

PNEUMONIA.

BY GEORGE E. MALSBARY, M.D., LOS ANGELES.

Pneumonia was first considered a pure and simple inflammation of the lungs. In fact, that is what the name pneumonia means, and pneumonitis was an equivalent. Any affection of other organs was looked upon as an accident or coincidence in no way directly connected with the pneumonic process. It was the observation that in so many cases the disease ran a typical course, commencing with a chill and terminating at a definite time, which finally led to the view that, like the recognized infections, pneumonia itself must be an infectious disease, and this view was all the more readily accepted when it was seen that the local process and general symptoms—fever, etc.,—by no means corresponded in every case. Thus there was often high fever and grave symptoms on the part of the nervous system with but little affection of the lungs, and, on the other hand, light fever and trivial disturbances elsewhere with even extensive consolidation.

When it was recognized, however, that pneumonia is really an infectious disease, search began to be made for a specific cause. For a long time this search was unregarded, because cases differ so much in character and so many different microorganisms are encountered. The clinicians, however, were not willing to admit that pneumonia could be such a different disease. They saw that in the great majority of cases the affection ran a typical course, and terminated, as stated, at a definite period, and maintained that for the production of such a definite train of symptoms there must be a definite cause. The discovery of the bacillus of Friedlander and the diplococcus of Fraenkel marked the new era in the history of pneumonia, and with the multiplication of observations it was seen that the diplococcus is the particular organism which produces the typical cases, while the other irregular and anomalous cases are caused by a number of different germs. Thus it has finally been established that the diplococcus, in the absence of epidemics, produces about three-fourths of all cases of pneumonia, while the remaining one-fourth of cases are caused by the bacillus of Friedlander, the streptococcus, the staphylococcus, the influenza bacillus and the tubercle bacillus. Then there are also mixed forms. There

are cases of diplococcus and streptococcus infection, cases of diplococcus and influenza combined, and not at all infrequently cases of pneumococcus and tubercle bacillus, or of the influenza bacillus and the tubercle bacillus. Finally, there are cases of secondary pneumonia, which occur in the course of other diseases. A type of this class is represented in the typhoid pneumonia, which is produced directly by the invasion of the lungs by the typhoid bacillus.

From the history of pneumonia, therefore, we find that the disease was studied first from an anatomical standpoint. The gross anatomy was first described by Morgagni (1761) and the well known stages of congestion, hepatization and suppuration were first separated by Laennec (1819) and more accurately described by Rokitansky (1841). The next was the clinical stage in which pneumonia was evolved as an infection, especially by the labors of Juergensen (1872) and the third is the present etiological stage, in which the cause of the disease was first definitely discovered by Friedlander (1883) and more conclusively demonstrated by Fraenkel (1886).

The typical pneumonia, caused by the diplococcus of Fraenkel, affects a whole lobe at a time, commences with a chill, runs a more or less tempestuous course, with more or less sharp pain, with tough—especially with rusty—sputum, and which terminates by crisis in three-fourths of the cases between the fifth and ninth days of the disease. As the term crisis indicates, the disease terminates abruptly, as it commenced, as if by a stroke, and as the main symptoms are toxic, the only possible explanation is a termination under the action of antitoxines. The diplococcus of pneumonia is often found in the throat, as are, indeed, any of the other microorganisms in healthy people. But none of these microorganisms are ever found in the finer bronchi and lungs in health. When the diplococcus is introduced into the recesses of the lungs it produces pneumonia. Why the microorganisms remain innocuous in the throat in some people and are carried to the lungs in others we do not know. The same thing is seen, however, in other diseases. Some intervening factor, as exposure to cold, trauma, etc., may account for individual cases. At any rate, it is recognized that pneumonia is a disease which begins in the lungs and may thence be disseminated over the body, so that the diplococcus which causes it is found in the presence of so-called complications in the pericardium, meninges, and especially in the kidney. In the kidney it is found mostly in the larger arteries and veins, but also in the intertubular vessels, in the glomeruli, and occasionally free in the interstitial tissue. Proof of the viability and virulence of the microorganisms has been established by cultivation and inoculation of animals.

The diplococcus of pneumonia perishes in cultures in from four to seven days, but it lives much longer in the body. The antitoxine which arrests the disease does not produce this result by the destruction of the diplococcus but by immunizing the soil. The diplococcus still lives, and if its virulence be attenuated in any way during the crisis, it is soon reinstated. The patient who is convalescent from pneumonia has immunity, and the serum from the blood of such a convalescent will confer immunity against the same type of infection. Unfortunately this immunity does not last long, so that the individual is not protected against future attacks, and this fact agrees with clinical experience that immunity is not secured by a single attack. If the microorganisms are not killed by the antitoxine, what becomes of them? The diplococcus excites rapid cell proliferation. The greater the number of cocci, the greater is the accumulation

of cells. These cells exercise a chemotactic influence, attract leucocytes, and the leucocytes surround the microorganisms, so that they become enveloped in a thick layer. By this solid enclosure they are robbed of their oxygen and the circulation is so hindered that the cocci are badly damages by their own toxines. Finally, the leucocytes themselves excrete into the juices anti-bacterial substances. The element of phagocytosis plays a slight role, but the injurious influences of envelopment by leucocytes is of the greatest importance. Therefore, the accumulation of cells in inflammation is to be regarded as a favorable process. In pneumonia the peucocyte mantle in the bronchioles and neighboring alveoli has also the useful function of prevention of emigration of the cocci into the other air-passages.

The pneumonia caused by the streptococcus, staphylococcus and influenza bacillus begins insidiously, runs a more protracted course, shows no peculiar temperature curve, and crisis fails entirely. The sputum is mucopurulent, not rusty; the fever is fitful, irregular, and is characterized usually by the sudden elevations and rapid falls which mark the so-called streptococcus curve. There are irregular chills and profuse sweats. The picture is more that of septicemia.

The different forms of pneumonia may not always be so distinctly recognized and set apart by the symptomatology. The examination of the sputum will disclose the diplococcus, or the streptococcus, or the influenza bacillus, or the tubercle bacillus, according to the cause of the disease.

It has long been established by clinicians that the mortality of pneumonia comes from failure of the heart. The heart failure is due to a direct toxic myocarditis which leads to degeneration of the muscle tissue. The edema of the lungs, observed in bad cases, has been ascribed to the direct presence of the pneumococcus. However, it has been shown that sudden weakness of the left ventricle leads to rapid edema of the lungs, and this condition, which is so often seen in the last stages of pneumonia, finds its best explanation in the sudden failure of the heart. The inefficacy of digitalis and other heart stimulants in lifting the tone of the heart throughout the course of the disease in certain cases, or during the crisis of pneumonia, finds its explanation in the grave toxic influence of this affection upon the muscle of the heart. In pneumonia the condition of the heart muscle is the actual gauge of the gravity of the disease. Heart failure is the chief cause of death in the pneumonia of alcoholism and old age. Winogradow found in pneumonia parenchymatous innflammation of the ganglien cells of the heart. Ott found the protoplasm cloudy, subsequently the nuclei increased with the formation of connective tissue about the ganglien cells, obliterating the nuclei. There was also an abundant deposit of fat granules. These changes in the ganglia are associated with changes in the musculature of the heart.

Influenza pneumonia is different. It may exist alone or be complicated by croupous pneumonia or tuberculosis. There may be first the usual rusty sputum, the influenza bacilli appearing only when the sputum becomes more abundant at the time of the stage of resolution. In such cases the influenza bacilli located in the finer bronchial tubes are expectorated only after the development of a bronchitis with abundant excretion. The influenza bacillus ordinarily lives but a short time outside the body, but it may be continued in chronic disease of the lungs and air passages for a long time without serious manifestation. Thus the influenza bacillus has been demonstrated four weeks after the beginning of the disease. These cases could easily serve to propagate influenza.

SOUTHERN CALIFORNIA PRACTITIONER.

A MEDICAL, CLIMATOLOGICAL AND SOCIOLOGICAL MONTHLY MAGAZINE.

This journal endeavors to mirror the progress of the profession of California and Arizona.

Established in 1886 by Walter Lindley, M.D., LL.D.

DR. GEORGE E. MALSBARY, Editor and Publisher.

Associate Editors,

Dr. Walter Lindley, Dr. W. W. Watkins, Dr. Ross Moore, Dr. George L. Cole, Dr. Cecil E. Reynolds, Dr. William A. Edwards, Dr. Andrew W. Morton, Dr. H. D'Arcy Power, Dr. B. J. O'Neill, Dr. C. G. Stivers, Dr. Olga McNeile, Dr. W. H. Dudley, Dr. J. M. Mathews.

Address all communications and manuscripts to

EDITOR SOUTHERN CALIFORNIA PRACTITIONER,

Subscription Price, per annum, $2.00. 1414 South Hope Street, Los Angeles, Cal.

EDITORIAL

DR. E. F. INGALS, 1848-1918.

Dr. Norman Bridge delivered the Commencement address of Rush Medical College of the Chicago University June 12th, 1918. His subject was Ephraim Fletcher Ingals—The Man. In the course of this address Dr. Bridge said:

"Few men have ever more effectively than he programed their lives. His hours were organized for efficiency; and for many years his working day began when his neighbors were still snoozing in bed, and before the sun was in sight. He more often saw the sun rise than any other doctor I ever knew. The Congress has passed a daylight saving law to effectuate this economy by the fiction of moving the clock forward an hour. Of course, the more natural way would have been for the people to resolve to get out of bed an hour earlier; but they could not be trusted to do that, so the Congress took advantage of their fixed habits and saved them by the trick of outraging the great timekeeper, the sun. Dr. Ingals needed no such subterfuge for the conservation of his energy.

"He was always busy at something; and as he worked systematically he rarely seemed to be in a hurry. He could do a large professional business, lecture in the college, attend a hospital, have some medical writing on hand all the while—a book or a society paper—attend to his secular business; and never seem to be in haste. He spoke deliberately, worked and acted rather slowly; but he arrived. It is a habit that vast numbers of men and women need to covet. It saves energy and prolongs life. . . .

"Dr. Ingals was not a genius. We do not need geniuses, and could get on for a few centuries without any more of them; for they usually have unstable nerves and mental powers. But he had a genius for building on a good foundation, and he knew a good foundation. He had large talents which he neither buried nor kept idle.

"He was not an orator. He could never have been a spellbinder, nor did he desire to be. Heaven spare us from most such, and from those who think they are orators. He told his message in plain words that were understood,

and some of the things he said and did were eloquent without his knowing it.

"He did not pose as a literary man, yet he materially added to the solid literature of the profession by some standard books of permanent value, and by a swarm of brochures of like excellence—and all written in faultless English."

BUFFALO MEDICAL JOURNAL ABSORBED.

The Medical Review of Reviews announces that it has just purchased the third oldest medical journal in America—the Buffalo Medical Journal—founded seventy-four years ago by Dr. Austin Flint, and published regularly ever since. The Medical Review of Reviews is to absorb the Buffalo Medical Journal, beginning with its January, 1919, issue. This is the third publication which the Review has purchased during the past few years.

NO MORE PHYSICIANS TO BE COMMISSIONED IN THE MEDICAL CORPS.

At ten o'clock on the morning of Nov. 11th, the War Department discontinued the commissioning of physicians in the Medical Corps.

This condition, in all probability, is permanent and no further consideration will be given applicants for a commission in the Medical Corps until further notice.

EDITORIAL NOTES

Dr. Robert O'Neal has located in Venice.

Dr. Thatcher Miller has recently located in Chino.

Dr. A. E. Elliott, formerly of El Centro, has located in Whittier.

Capt. W. H. Gilbert, of Los Angeles, is now stationed at Camp Crane, Pa.

Dr. G. Stillman Loveran of San Bernardino has been dangerously ill with Influenza.

Dr. Marcia Patrick of Los Angeles is convalescing from a very serious attack of Influenza.

Dr. H. A. Elbl of Los Angeles died from pneumonia, following the Influenza on Nov. 13.

Dr. C. E. Arnold of San Jacinto died in that town Nov. 7 of pneumonia, following the Influenza.

Dr. Wm. P. Clark of Los Angeles received his commission as Captain early in the month and went immediately to the Letterman Hospital, San Francisco.

Capts. J. H. Titus of Ontario and H. P. Wilson of Whittier have been stationed at Camp Crane, Pa.

Dr. Thomas McHugh of San Bernardino has been doing active work at a front evacuation hospital behind the lines in France.

Dr. Oscar Dahlen, age 42 years, of Los Angeles, died Dec. 9th of Influenza contracted while attending patients with that disease.

Two Japanese doctors who were discovered assisting in getting other Japanese physicians medical licenses fraudulently, committed suicide.

Dr. J. M. Conerty, assistant Police Surgeon, received his commission the first of the month, as First Lieut. and was placed on duty at Ft. McArthur.

Dr. E. Scott Blair, formerly Superintendent of the Patton Hospital, received his commission as Captain and has been stationed at Camp Kearny.

Dr. W. J. Chambers of Los Angeles, stationed at Ft. Des Moines Hospital

during the war as Major, has received his discharge and returned to his practice in Los Angeles.

Dr. Maude L. Morrison of Pasadena, who died from Influenza while doing her duty as an interne in the Los Angeles County Hospital, was greatly beloved by all who knew her.

Lieut. E. H. Crabtree of San Diego, who has been stationed at the Base Hospital, Camp Cody, New Mexico, has been honorably discharged and will return to his practice in a few days.

The United States Public Health Service, 228 First St. N. W., Washington, D. C., is making a nation-wide file on venereal diseases. Send to them for free anti-venereal pamphlets.

Dr. Dunlap of Imperial Valley was in our office a few days ago. He reports that section is having a terrible fight with the universal epidemic.

Dr. A. E. Elliott of El Centro has located in Whittier.

Arizona is to have a State Medical Library in the Carnegie Library at Phoenix. By writing to the library, physicians and surgeons can obtain abstracts written by competent clerks on any medical subject.

Dr. Edward J. Cook, Capt. M. R. C., U. S. A., was very ill with Influenza at Camp Cody. As he was convalescent he was given an honorable discharge. It will probably be two months before he can resume practice.

Dr. Alfred Daw Long, age 42 years, of San Diego, while changing a tire, after a strenuous day's work, fell by the side of his car. He died in a very short time, in spite of everything his fellow-practitioners could do to save his life.

Dr. C. D. Ball of Santa Ana is still in bed suffering from a dislocated right hip and severe injury to his left arm and numerous bruises. While stepping across the street an automobile ran into him and dragged him underneath its fender for over 50 feet.

At the regular meeting on the San Bernardino County Medical Society, held in Redlands on Dec. 3, Dr. W. M. Dickie of Los Angeles delivered an address on "Combating Venereal Diseases." Dr. A. J. Zeiler read a paper on "The Period of Infectivity of Syphilis."

Dr. Wm. E. Brown, well known physician, died Nov. 21st. He was 69 years of age, and has been practicing medicine in Los Angeles for more than 22 years. He was the father of Dr. T. Floyd Brown, 950 W. 6th St.

Dr. H. O. Miller has located in San Jacinto, Cal.

Capt. T. C. Robinson of Long Beach, who has been stationed at Ft. Riley, Kansas, has been recently in the hospital very ill. It is said that he will be honorably discharged immediately. His wife and their two children were, at last reports, very sick with the Influenza.

Dr. Henry C. Sherman of Columbia University in an address in Chicago said war-time food economies ought to continue because they are best for the public health. Increased use of fruit and vegetables, to save meat and sugar has greatly benefited the country's health, said the doctor.

The wife of Dr. R. Nichol Smith of Los Angeles died Nov. 12 of Influenza. Dr. Smith himself was very ill at the same time. He had received his commission as Captain and was due to leave for Ft. Riley following his wife's death. It is not known when Dr. Smith will be able to travel.

The site for the Pacific Colony, planned to be the most complete institution in the world for the care and education of feeble-minded persons, has been definitely selected at what is known as the Stearns ranch, about five

miles west of Pomona. The project calls for the expenditure of $1,000,000, and over $250,000 a year will be spent in maintenance.

Dr. Woods Hutchinson of New York has been recently in Los Angeles for several days. He is an enthusiast in regard to the use of the mask and the use of Oleary's serum for the prevention of Influenza. He is about this as he is about everything else, very decided in his opinions—and appeared before the Mayor and City Council, urging that the mask be universally used.

The Influenza has been doing its terrible work on the Pacific Coast. There have been many serious problems put up to the Health Authorities over all our city. Already the death of soldiers in camps in the U. S. from this disease has far exceeded the death rate from battles in the western front. Were Malthus on earth today he would realize that there was very little danger of the world being overpopulated.

Attention of all licentiates to practice any system of the healing art in the State of California is drawn to the 1919 tax of $2.00 payable to the Board of Medical Examiners on or before January 1st of 1919, which becomes delinquent sixty days thereafter and the Medical Practice Act provides a penalty of $10.00 for reinstatement of all delinquent certificates.

Kindly forward all fees to the Board of Medical Examiners, State Capitol, Sacramento, California.

Capt. Harry Lasher Thorpe of the U. S. Army, Base Hospital No. 96, died at sea on Nov. 4th of pneumonia brought on by exposure following an attack of Influenza. Dr. Thorpe was 36 years of age and one of the most successful of the younger surgeons of Los Angeles. He was thorough, conscientious and skillful. We deeply regret his taking away. From what we have heard, there must have been a great lack of consideration in the care he received at the time of his illness. He was buried in England. He is survived by his widow, his mother and three brothers.

Dr. Geo. Chaffee, of Brooklyn, New York City, has located in the city of Binghampton, N. Y., and has opened an office at 100 Hawley St. in that city. He will limit his practice to modern operative bone surgery and to consultations. Dr. Chaffee has been on the surgical staff of the Polyclinic Hospital in New York City for the past twenty-five years, where he has had the benefit of seeing and treating a large number and great variety of surgical cases. He is founder and for five years was chief of the staff of Bay Ridge Hospital, in Brooklyn. Is founder and ex-president of the New York and New England Association of Railway Surgeons.

The Influenza has swept through Alaska as well as the many thickly settled parts of the world. Many mining camps in Alaska have been decimated.

Los Angeles is still in a struggle with the Influenza and Health Commissioner Powers is having a trying time. Many advise closing all places of amusement and all business places excepting drug stores, bakeries, markets and grocery stores. Others urging universal masking and universal vaccination. For seven weeks Dr. Powers had the schools, theaters and churches closed. There was some improvement in the situation, but the cry, especially from the owners of moving picture establishments, was so great that he lifted the ban. Within ten days the number of new cases more than doubled. The Health Department then decided to inaugurate strict quarantine and the situation as we go to press is improving and has almost returned to

the condition it was in when the movies were reopened.

The Fifteenth Annual Report of The Barlow Sanatorium Association has reached our desk. The report of Dr. W. Jarvis Barlow, the secretary, founder and ever watchful guardian, is of interest and shows a humanitarian and patriotic record for this war year of which Los Angeles can well be proud. Dr. Walter C. Klatz, who resigned as Resident Physician in May and is now in France, has been succeeded by Dr. Edgar T. Shields. Dr. Barlow speaks of Present Needs as follows:

"We need a chapel for divine services, building to accommodate library for patients, cottage for help, dish washing machine, dining room table, coffee urn, (6 gallons cost about $60.00), folding chairs for use at entertainments given for the patients in Williams Hall; blankets, sheets, pillow cases, towels, bolts of gauze, paper napkins, blue and white coffee cups and saucers, donations of fresh, canned or dried fruits and jellies, and any donation whatever towards our current expenses, Endowment Fund, or endowed or free beds. A new croquet set for use of our patients would be greatly appreciated, also sets for checkers or chess. Some other needs are mentioned in the Medical Section of this Report."

BOOK REVIEWS

OUTLINES OF ORGANOTHERAPY. By Henry R. Harrower, M.D., Editor of "The Organotherapeutic Review," etc., Glendale Cal. 110 pages; board covers; 12 mo.; $1.50. Published by the Author.

This little book in its "board" cover is quite in keeping with the times. And it is quite up to the times, and contains more boiled down information in outline form in regard to the application of organotherapy than has heretofore appeared in such limited space. Though a volume no larger than a man's hand, it is well worth while.

ENGLISH, FRENCH, ITALIAN MEDICAL VOCABULARY. By Joseph Marie, Philadelphia. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. Price 50 cents net.

Which is an excellent little pocket companion for those who need such aid.

ABSTRACTS OF WAR SURGERY. An abstract of the war literature of general surgery that has been published since the declaration of war in 1914. Prepared by the Division of Surgery, Surgeon General's Office. St. Louis: C. V. Mosby Company, 1918. Price $4.00.

The preparation of these abstracts, in common with many of the other early war activities, was an emergency war measure. To meet the needs of the situation, the Division of General Surgery of the Surgeon General's office prepared, collected and arranged abstracts of the important general surgical papers bearing on war surgery; and, after having them mimeographed, distributed one hundred of them to various medical instructors in the Army Surgical schools, and to the surgical chiefs of the war hospitals. This limited issue so far failed to meet the demand that a wider distribution is now made possible in printed form. It is a most valuable condensed text for ready reference.

After dealing with the papers bearing on the development of British surgery at the front and in the hospitals on the lines of communication in France, the abstracts are assembled under the following heads: Wound Infection and Treatment, Tetanus, Gas Gangrene, Abdomen, Chest, Cardiovascular Surgery, Joints, Fractures, Burns, Anesthesia in Warfare, Trench-foot, Foreign Bodies, Peripheral Nerve Injuries, and Jaws and Face. It is interesting to note that the abstractors

evidently had access to the German literature.

PRACTICAL PHYSIOLOGICAL CHEMISTRY. A book designed for use in courses in practical physciological chemistry in schools of medicine and of science. By Philip B. Hawk, M.S., Ph.D., Professor of Physiological Chemistry and Toxicology in the Jefferson Medical College of Philadelphia. Sixth edition. revised and enlarged. With two full-page plates of absorption spectra in colors, four additional full-page plates in color, and one hundred and eighty-five figures, of which twelve are in colors. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. Price $3.50 net.

In this edition the entire book has been quite thoroughly revised. A new chapter on Acidosis has been introduced. The chapters on Metabolism. Blood Analysis, Gastric Digestion, and Quantitative Analysis of Urine have been considerably expanded, and the question of Growth has been treated experimentally. Two radical changes in the Quantitative section are the substitution of Van Slyke's procedure for all former methods for the determination of acetone bodies in urine. and the elimination of all methods for the determination of urea, except those based upon the use of urease. A perusal of the pages of this excellent revised edition reveals many fallen idols.

CALIFORNIA STATE BOARD EXAMINATIONS.

Sacramento, October 22-23, 1918.

BACTERIOLOGY AND PATHOLOGY
for
Physician and Surgeon Applicants.
DAIN L. TASKER, D. O.
(Answer ten questions only)

1. Describe bacillus influenza.
2. Give ten different varieties of pathogenic bacteria with their microscopical characteristics.
3. Discuss the production of (a) active and (b) passive immunity.
4. What is a vaccine? How is it made?
5. Describe method of examining secretion from a chancre for treponema pallidum.
6. Mention five bacteria which grow best on blood-streaked agar.
7. Discuss adenomata and indicate their usual sites.
8. Discuss emboli and state under what conditions they are apt to occur.
9. Discuss bronchiectasis.
10. Discuss the pathology in acromegaly.
11. Describe the blood picture in pernicious anemia.
12. In what different ways may arterio sclerosis cause death?

SURGERY
for
Physicians and Surgeons.
WM. R. MOLONY, M.D.

1. Ununited fracture of femur of ten weeks' duration two inches below great trochanter, in a woman 60 years of age. Give pathology.
2. In question one give technique of operative treatment and post-operative care.
3. Discuss movable kidney.
4. Give technique of an acceptable operation for the fixation of a movable kidney.
5. Give technique of suprapubic prostatectomy including pre-operative measures and post-operative care.
6. Discuss surgical treatment of empyaema.
7. Give indications for and technique of skin grafting. Give three useful methods.
8. Discuss nerve suture.
9. Give pathology of a bunion. Give technique of its surgical relief and after care.
10. Give pathology of hemorrhoids. Give two acceptable methods for cure by surgery.
11. Give post-operative management of a hemophiliac (bleeder).
12. Discuss post-operative ileus.

(You have two hours for this examination. Answer ten questions. Divide your time into ten periods so you may have sufficient time for the last questions.)

GENERAL MEDICINE
for
Physicians and Surgeons
Applicants.
H. E. ALDERSON, M.D.
San Francisco, Cal.
October 22, 1918.
(Answer ten questions only)

1. A child three years old has urticaria. Discuss probable etiology and the procedure necessary to determine the same.
2. A woman 20 years of age shows nervousness, loss of weight, irregular menstruation, slight cough, increased sweating and tachycardia. Discuss the diagnosis.
3. What significance has a "plus minus" Wassermann? Discuss fully.
4. Discuss the main complications to be feared the first two years in the course of lues and means of recognizing the same.
5. What are the causes of "Salvarsan deaths?" Of thrombophlebitis after Salvarsan injection?
6. A man 18 years of age has nodular swelling on legs anteriorly, fever generalized pains, irregular heart and a positive Wassermann. Discuss the differential diagnosis and treatment (briefly.)
7. A man 30 years of age has bradycardia, evening temperature, constipation, occipital aching and eqpstaxia. Discuss the diagnosis and treatment (briefly).
8. A patient presents a chronic relapsing, inflamed sensitive buccal mucosa, asthenia, pale frothy stools and more or less diarrhoea. Discuss probable diagnosis and prognosis.
9. Discuss the etiology and prognosis of pruritus ani.
10. Differentiate between Bright's disease and mysoedema and discuss etiology.
11. A young woman has rapidly developing marked oedema of one eyelid, nausea, vomiting and severe colic. Discuss diagnosis and prognosis.
12. A young child has sudden vomiting, high temperature, furred tongue and flushed face. Discuss possible diagnosis.

CHEMISTRY & TOXICOLOGY
for
Physician and Surgeon Applicants.
DAIN L. TASKER, D. O.
(Answer ten questions only)

1. Define organic chemistry.
2. Given dried kelp prepare resublimed iodin.
3. Give formula of formaldehyde and one method of its preparation.
4. Name four coal tar products used in medicine.
5. In what ways through blood and urine chemistry may acidosis be determined?
6. Give formula for urea and one method for its quantitative estimation.
7. Describe in detail Marsh's test for arsenic.
8. Give clinical picture of poisoning by HgC12 and describe treatment.
9. What poisons may cause sudden death?
10. State the toxicological effect of carbolic acid and the antidotal measures to be employed.
11. What is indican? Discuss the significance of its appearance in the urine and give test.
12. Give the chemical and physiological treatment of phosphorus poisoning.

ANATOMY AND PHYSIOLOGY
for
Midwives.
(Answer ten questions only)

1. Describe briefly the gross anatomy of the uterus.
2. What is corpus luteum?
3. Discuss the functions of the placenta.
4. What is the vernix caseosa?
5. Discuss ovulation and menstruation.
6. Describe briefly the human embryo of two months.
7. Discuss lactation.
8. Describe briefly the rectum.
9. Compare the female and the male bony pelvis.
10. Discuss the functions of the Fallopian tubes.
11. What is milk leg?
12. Describe briefly the umbilical cord.

ANATOMY & HISTOLOGY
for
Physician and Surgeon Applicants.
H. E. ALDERSON, M.D.
October 23, 1918.
(Answer ten questions only)

1. Discuss anatomy of the superficial lymph glands usually involved in the secondary phase of lues.
2. Describe briefly the gross structure of the pancreas and its topographical anatomy.
3. Discuss the structure and relations of the various tissues penetrated in making a lumbar puncture.
4. Describe fully the histology of the skin of the ala nasi and compare with that of the eyelid.
5. Discuss the attachments and action of the pectoralis minor.
6. Discuss briefly the contents of the axilla and their relations.
7. Describe briefly the portal circulation.
8. Describe the dorsalis pedis artery and its relations.
9. Name from without inward, the coverings of the testicle.
10. Describe the microscopic structure of the ovary.
11. Describe fully the frontal sinus.
12. Briefly describe the heart and its topographical anatomy.

MATERIA MEDICA, THERAPEUTICS, PHARMACOLOGY and PRESCRIPTION WRITING
for
Physician and Surgeon Applicants.
P. T. PHILLIPS, M.D.
(Answer ten questions only)

1. What is incompatibility in medicine and what are the different kinds of incompatibiles? Give examples.
2. Outline the treatment of a typical case of "Spanish Influenza" in a young adult. Write prescriptions for all drugs used.
3. Discuss briefly the indications and contraindications for the use of digitalis in affections of the heart.
4. Describe pituitary extract and discuss briefly its uses and abuses.
5. Describe origin, physiological action, and give dose of salicylic acid.
6. Why is adrenalin used in solutions of novocaine for local anaesthesia?
7. Give physiological effects, therapeutics application and mode of administration of oxygen.
8. Name drugs which administered to the mother produce a therapeutical action in the nursing child. What substances increase the flow of milk and what decrease it?
9. What is dichloramine T? Describe its methods of application and its effect in infections.
10. Give treatment with prescription (written without abbreviation), for acute articular rheumatism.
11. Outline in detail the non-operative treatment of acute cholecystitis.
12. Discuss psycho-therapy, its relation to and its uses in the modern practice of medicine.

TWO STATE BOARD EXAMS 49722
PHYSIOLOGY
Physician and Surgeon.
ERNEST SISSION, D.O.
October 23, 1918.
(Answer ten questions only)

1. Discuss the retina and its physiological properties.
2. Discuss the physiology of the blood leucocytes.
3. Describe general physiological conditions influencing blood pressure and blood velocity.
4. Discuss the contraction wave of the heart.
5. Discuss vaso-motor regulation and explain its importance in relation to function of organs, giving three examples.
6. What is intracranial pressure? Discuss the causes and effects of variations in this pressure.
7. Discuss the negative pressure prevailing in the thoracic cavity. Explain what influence it has on the organs in the mediastinal space.
8. Describe how the respiratory reflexes are protective, give examples and trace the reflex.
9. Discuss the events that occur during a single cardiac cycle beginning with the closure of the semilunar valves.
10. What relation should the quantity of vegetable food including starch and sugar bear to animal food consumed in 24 hours?
11. Describe myenteric reflex or the law of the intestines.
12. Describe the nervous mechanism of vomiting.

HYGIENE & SANITATION
for
Midwives.
ERNEST SISSON, D.O.
(Answer ten questions only)

1. Describe correct preparation of room and bed previous to time of expected delivery.
2. How can you distinguiish the difference between arterial and venous hemorrhage from a limb?
3. How would you control each hemorrhage mentioned in question No. 2?
4. Describe the preparation and care of cows' milk for a young infant.
5. What points should be considered in buying green vegetables and fruits?
6. How may a child under one year of age be exercised?
7. How may bed clothing be disinfected?
8. Mention a safe chemical disinfectant and two which should be used with the greatest care.
9. Give a simple method of ventilating a sick room without a draft.
10. Describe the advantages in wearing an influenza mask.
11. What are some of the reasons for recording all births and deaths?
12. Why should all contagious diseases be reported to the health department?

HYGIENE & SANITATION
for
Physician and Surgeon Applicants.
ERNEST SISSON, D.O.
October 23, 1918.
(Answer ten questions only)

1. Discuss the life cycle of the hook worm and methods of preventing its spread.
2. Discuss the importance of medical inspection of public school children.
3. Discuss the benefits to be secured as a result of proper recording of all transmissable disease.
4. Discuss the advantages and disadvantages of the gauze mask method of preventing the transmission of respiratory infections.
5. Give in detail what is to your mind the best method of resuscitating a drowned person.
6. Discuss three important factors to be considered in proper ventilation.
7. Outline prevention, care and treatment of influenza in a military camp.
8. Outline the essential features to be considered in the construction of quarters for tubucular patients in a county hospital.
9. Outline an inspection of a public meat market and suggest features in conduct of same.
10. Discuss venereal prophylaxis from the standpoint of the army and the public.
11. What protozone diseases may be controlled by public health measures?
12. Discuss the principles involved in septic tank method of sewage disposal.

MISCELLANEOUS

Vol. XXXIII JANUARY, 1918. No. 1

SOUTHERN CALIFORNIA PRACTITIONER

Price Per Year, $2.00. Single Copies, 25 Cents.

DR. GEO. E. MALSBARY, Editor.....1414 South Hope Street, Los Angeles, Cal.

Our advertisers are worthy of your support, and if you do not patronize them, you are not rendering the best service to your patients

Entered at the Post Office of Los Angeles, Cal., as second-class matter.

Vol. XXXIII FEBRUARY, 1918. No. 2

SOUTHERN CALIFORNIA PRACTITIONER

Price Per Year, $2.00. Single Copies, 25 Cents.

DR. GEO. E. MALSBARY, Editor.....1414 South Hope Street, Los Angeles, Cal.

Entered at the Post Office of Los Angeles, Cal., as second-class matter.

Vol. XXXIII MARCH, 1918. No. 3

SOUTHERN CALIFORNIA PRACTITIONER

Price Per Year, $2.00. Single Copies, 25 Cents.

DR. GEO. E. MALSBARY, Editor.....1414 South Hope Street, Los Angeles, Cal.

Our advertisers are worthy of your support, and if you do not patronize them, you are not rendering the best service to your patients

Entered at the Post Office of Los Angeles, Cal., as second-class matter.

Vol. XXXIII APRIL, 1918. No. 4

SOUTHERN CALIFORNIA PRACTITIONER

Price Per Year, $2.00. Single Copies, 25 Cents.

DR. GEO. E. MALSBARY, Editor.....1414 South Hope Street, Los Angeles, Cal.

Our advertisers are worthy of your support, and if you do not patronize them, you are not rendering the best service to your patients

Entered at the Post Office of Los Angeles, Cal., as second-class matter.

Vol. XXXIII MAY, 1918. No. 5

SOUTHERN CALIFORNIA PRACTITIONER

Price Per Year, $2.00. Single Copies, 25 Cents.

DR. GEO. E. MALSBARY, Editor.....1414 South Hope Street, Los Angeles, Cal.

Our advertisers are worthy of your support, and if you do not patronize them, you are not rendering the best service to your patients

Entered at the Post Office of Los Angeles, Cal., as second-class matter.

Vol. XXXIII JUNE, 1918. No. 6

SOUTHERN CALIFORNIA PRACTITIONER

Price Per Year, $2.00. Single Copies, 25 Cents.

DR. GEO. E. MALSBARY, Editor.....1414 South Hope Street, Los Angeles, Cal.

Our advertisers are worthy of your support, and if you do not patronize them, you are not rendering the best service to your patients

Entered at the Post Office of Los Angeles, Cal., as second-class matter.

Vol. XXXIII JULY, 1918. No. 7

SOUTHERN CALIFORNIA PRACTITIONER

Price Per Year, $2.00. Single Copies, 25 Cents.

DR. GEO. E. MALSBARY, Editor.....1414 South Hope Street, Los Angeles, Cal.

Our advertisers are worthy of your support, and if you do not patronize them, you are not rendering the best service to your patients

Entered at the Post Office of Los Angeles, Cal., as second-class matter.

Vol. XXXIII AUGUST, 1918. No. 8

SOUTHERN CALIFORNIA PRACTITIONER

Price Per Year, $2.00. Single Copies, 25 Cents.

DR. GEO. E. MALSBARY, Editor.....1414 South Hope Street, Los Angeles, Cal.

Entered at the Post Office of Los Angeles, Cal., as second-class matter.

Vol. XXXIII SEPTEMBER, 1918. No. 9

SOUTHERN CALIFORNIA PRACTITIONER

Price Per Year, $2.00. Single Copies, 25 Cents.

DR. GEO. E. MALSBARY, Editor.....1414 South Hope Street, Los Angeles, Cal.

Our advertisers are worthy of your support, and if you do not patronize them, you are not rendering the best service to your patients

Entered at the Post Office of Los Angeles, Cal., as second-class matter.

Just What You Have Been Looking For

A Real Professional and Ethical Pharmacy

That does not Counter Prescribe
That is opposed to Self-Medication
That sells no Patent Medicines or Cure-Alls to the laity

The Exclusive Prescription Pharmacy

ESTABLISHED 1914

LEWIS B. CHASE, Pharmaceutical Chemist, Sole Proprietor

UPSTAIRS

Second Floor
Merchants National Bank Building
Sixth at Spring Street
F6372 Broadway 4742

TWO STORES

Second Floor
Brockman Building
Seventh at Grand Avenue
F1974 Main 3293

We Are Proud of Our Delibery Serbice

Send us your prescription by phone from office, Hospital or patient's residence and note the Quick Service you will receive. No extra charge for delivery anywhere in the City.

Gibe Us a Trial

Vol. XXXIII OCTOBER, 1918. No. 10

SOUTHERN CALIFORNIA PRACTITIONER

Price Per Year, $2.00. Single Copies, 25 Cents.

DR. GEO. E. MALSBARY, Editor.....1414 South Hope Street, Los Angeles, Cal.

Our advertisers are worthy of your support, and if you do not patronize them, you are not rendering the best service to your patients

Entered at the Post Office of Los Angeles, Cal., as second-class matter.

Vol. XXXIII NOVEMBER, 1918. No. 11

SOUTHERN CALIFORNIA PRACTITIONER

Price Per Year, $2.00. Single Copies, 25 Cents.

DR. GEO. E. MALSBARY, Editor.....1414 South Hope Street, Los Angeles, Cal.

Our advertisers are worthy of your support, and if you do not patronize them, you are not rendering the best service to your patients

Entered at the Post Office of Los Angeles, Cal., as second-class matter

Vol. XXXIII DECEMBER, 1918. No. 12

SOUTHERN CALIFORNIA PRACTITIONER

Price Per Year, $2.00. Single Copies, 25 Cents.

DR. GEO. E. MALSBARY, Editor.....1414 South Hope Street, Los Angeles, Cal.

Our advertisers are worthy of your support, and if you do not patronize them, you are not rendering the best service to your patients

Entered at the Post Office of Los Angeles, Cal., as second-class matter.